

THE ALKALOIDAL CLINIC

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A RETROSPECT AND A FORECAST.



REVIEW of the CLINIC for the past year shows how far certain tendencies have carried us. The doctrine of "clear out and clean up" will be found on nearly every page. This has not been by any choice—rather the contrary, for the use of the alkaloids is our main object. But the principle has proved so generally applicable that, in spite of ourselves, we have been compelled to make the advice, to clear out the alimentary canal and disinfect it, almost a routine. For our experience has shown that in a vast number of maladies, of the most varied character, the *fons et origo mali* has been the absorption of toxic matter from the bowel, and its consequences. And how far-reaching are these? Poisoned blood, circulating through every part of the body, exerts its noxious influence; and wherever the point of least resistance may be found, there we have local manifestations of disease.

Closely associated with this is the question of elimination. Not only are the organs of excretion disordered by their tissues being fed by toxic blood, but the

excretory cells are all compelled to over-exert themselves to get this toxic material out of the blood. To a certain point this can be done, but there is a limit to the extra work any gland-cell can do, and if called upon too much, disease will follow. And there is no greater peril to the human body than impairment of the eliminating cells, short of a bullet in the cerebral centers. In fact, there is no principle in medical practice of so general application as that of clearing the bowel and keeping up elimination; and it is questionable if a man can be very ill if these two features receive due and successful attention.

"But we thought you were teaching alkaloidal medication!" So we are; but are first teaching medication—alkaloidal when that is best, never otherwise. And this fine, delicate, scientific medication, demands in all cases attention to the primary principles of the medical art; clean the bowels, see that elimination by the liver, skin and kidneys is thorough, then add the needed alkaloids.

One result of this work has been to bring into new prominence the value of veratrine. This powerful agent increases the action of all the eliminants, especially the solid excretion of the kidneys, while it steadies the heart and resolves local congestion. Reference is here made to the use of very moderate doses, three to five granules gr. 1-134 each, in twenty-four hours; of which one may be taken before meals and the balance at bedtime. This will neither nauseate nor sensibly depress the circulation, though if it do either the dose should be lessened. If our headachy dyspeptics, pessimists, itchy catarrhics, etc., would only take veratrine instead of their tonics, bracers, pick-me-ups, bromides, etc., they would be far better off. And if under veratrine they ate less, it would not be an evil. So long ago as the day when Beaumont laid the foundations of digestive physiology, by his observations on St. Martin, it was shown that most of the food ordinarily consumed was unnecessary, and consequently injurious—but we have not learned the lesson yet. A little food, properly selected, properly eaten, suffices for the body's needs and saves the task of disposing of an unneeded surplus.

But undeniably some cannot take veratrine—it disagrees, or the heart weakens. Here is where apocynin comes in. Do we yet realize the exceeding efficacy of this agent, which combines with a heart-tonic a laxative and a diuretic, with possibly a little of the anodyne power of its Asiatic cousin? In those painful cases of cardiac dropsy, with implication of the kidneys, apocynin, gr. 1-6 to 1-2, or 2-3, every two to four hours, with the dry diet, fulfils the needs so admirably that nothing more is needed.

It is still a question if juglandin is better than rhubarb. Both stimulate the secretions of the alimentary canal from mouth to anus, especially replacing vitiated unhealthy reactions with healthy ones. The juglandin is much pleasanter to take, and in smaller doses; gr. 1-6 every one to four hours being usually enough.

And this brings up the question of those digestive maladies, so common of late. In the limited range of our present practice, as in the queries coming to us, there has been a remarkable prevalence of indigestion, acidity and fermentation. Over-eating, hasty eating, iced drinks, lack of sufficient exercise to insure digestion, account for the ordinary prevalence of these maladies, but not for the extraordinary. What is it?

Is there a new germ awaiting discovery? Or is the influenza bacillus at work on the stomach? All the antiseptics do good; hydrochloric acid is of use; but altogether we want more light on the treatment of these affections.

And from them springs rheumatism. Query: Can we not abort or prevent it, by treating every pharyngeal catarrh with salicylic acid in saturated solution, and every gastric fermentation—with what? Salicylic, resorcin, nascent chlorine, the sulphocarbolates?

Of the other alkaloids, probably berberine has afforded the greatest development. Its use in enlarged spleen suggested other applications, as a contractor or toner of connective tissue, and the applications of this principle are many. Probably the most generally useful are in treating dilatation of the stomach or bowels, with atony. Why not dilatation of the heart? And of the bladder with atony?

The A. A. Co. Coryza granule for coryza, beginning grip, hay-fever. Magical and wonderful.—S. P. Stowers, M. D., Mo.

Saenger finds hydrastinine one of the best expectorants, loosening tenacious mucus and promoting expectoration.

Finally, let each reader ask himself this question: What is the true function of the journal in his eyes? Is it as a teacher, a Professor with readers as pupils? Or is it a society, a republic, where the members do the work and the journal records the results? Which do you want? We would much rather be the latter, and let the experiences of all readers be recorded in our pages. We will give you the best we have to offer — but we want you to do the same. We are not ambitious to be leaders; we much prefer to be simply humble members of a mutual improvement association, if you will allow us to do so.

If you don't say anything you may not win much glory, but you won't invite intolerable shame.—Roosevelt.

BACKACHE.

Woman has been defined as a constipated biped with a backache; and although there are varieties of the species, the definition holds good for the majority. But why should she be subject to this suffering?

The causes are by no means the same in all cases. Frequently the muscles become strained, by long hours at the sewing machine or piano, or by sitting in awkward attitudes while at work. This may be detected by passing over the back the negative pole of a faradic battery, with a current strong enough to cause contraction of the muscles. Then put each muscle successively in contraction, when if any one is degenerated it will make the patient wince. Many a myalgia will thus be detected, for which the patient has been vainly treated, and for which she may possibly have been threat-

ened with a surgical operation. Apply the positive pole, the current turned down to a point too low to cause pain, and give it to the affected muscle for five minutes, following with gentle massage for the same period. Use hot animal oil with the massage. Of internal remedies rhus appears most likely to be of value, with macrotin, bryonin, xanthoxylin, menisperm and picrotoxin on the experimental list.

When the frame is not equally and symmetrically formed, the defective muscles may be developed by judicious exercises. The beauty-doctors could win their patrons' gratitude and do them a real service, were they to study this matter scientifically.

Backache may be caused by the inability of the dorsal muscles to properly sustain the weight of the belly, or the breasts; and a properly fitted supporter will do wonders in the way of relief.

Spinal curvatures are far more frequent than would be thought by those who do not make a routine of looking for them; and here again a well-fitted support will give the relief vainly sought from drugs.

The curvature may again depend on the shortness of one leg, necessitating an extra heel to the shoe.

Overwork of any set of muscles is a cause of backache, frequent in women who work at various occupations, and results in degeneration of the affected structures. The diagnosis and treatment are as stated above, with a faradic battery.

Affections of the stomach, such as ulcer, are attended by a pain in the back between the shoulders, rather to the left side. The causal disease is to be treated.

Neuralgias are characterized by tenderness at the spots where the nerve trunks

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Schafer says the antisyphilitic, antarthritic, diaphoretic, and emetic powers of guaiac depend on saponine.—*A. J. Med. Sci.*

Di Nola has used Dormiol in insanity and praises it as a hypnotic superior to chloral and checking epilepsy.—*Il Policlino.*

emerge from the spinal canal, and at the distribution of the terminal fibers. Zinc phosphide is one of the most effective remedies, but the successful treatment of neuralgias requires something very different from the formulation of a prescription. The causes of the condition must be considered, the personal hygiene regulated, and local sources of irritation remedied. One of the things most frequently neglected is the autotoxemia, manifested by the local irritation.

Enteroptosis, prolapse of the viscera, is a frequent cause of backache. Splanchnoptosis may be general or limited to a single viscus. Slight displacements of the kidney are apt to cause more suffering than larger ones in which the nerves are so paralyzed as to be painless. In most enteroptoses the suffering is greater when the patient is on the feet. It is relieved by a well-fitted supporter. The use of faradism restores the strength of the weakened supports, and berberine contracts the relaxed connective tissues. The discontinuance of all liquids that are unnecessary is a most valuable measure. It is difficult to relieve the man who insists in distending his dilated stomach with beer daily or hourly. Let the food be eaten dry, the drink reduced to 12 ounces a day, and berberine gr. j to iij administered daily, until all unnecessary fat has disappeared; and the fat, loggy, unwieldy body has become lithe and springy, and many ails besides the backache will have disappeared.

Two exercises are especially valuable to lessen abdominal fat and restore the broad planes of muscular tissue to normal tension: Lie down upon the back on the floor, and bring the body to a sitting posture without bending the knees. Stand erect, and without bending

the knees stoop till the hand touches the floor. Repeat this many times a day, taking care not to strain in doing it. Massage, with salt-water rubs, is also of advantage in promoting absorption of the useless and disfiguring fat.

One of the symptoms of dyspepsia and gastric catarrh is the porous plaster, usually to be found on the patient's back. The ache is between the shoulder blades and below them. It may be unilateral or bilateral.

Enlargement of the spleen, or liver, or both, from malaria or otherwise, may give rise to backache, usually dull. These may be found on physical examination. Sciatica or other neuralgias of the legs or pelvis may accompany the backache.

Chronic forms of lumbago have a backache that is severe in the morning and tends to wear off as the patient gets "limbered up" with his work. The treatment is by faradism, etc., as described above.

In caries of the spine the pain is steady, and there is immobility of the corresponding vertebræ, with cachexia and other evidences of the grave disease.

Pelvic inflammations, of bladder, uterus, ovaries, etc., are attended by aching in the back about the sacro-lumbar articulation. Rectal maladies, hemorrhoids, fissures, polypi, catarrh, etc., have aching somewhat lower, over the sacrum or coccyx. They are worse when constipation and fecal impaction in the rectum are present.

Diseases of the kidneys, such as nephritis, are not attended by backache. Renal calculus gives rise to unilateral pain, over the affected kidney. Hydronephrosis is more apt to cause a sense of weight and pressure than aching.



A new alkaloid has been found in nux that seems to antagonize strychnine since it causes paralysis. It is called strychnicine.

Typhoid Fever: Aromatic sulphuric acid is one of the best intestinal antiseptics. Give diluted.—J. L. Lamb, M. D., Minnesota.



Most women who have borne children have backache, due to subinvolution, uterine prolapse, dislocated ovary, rupture of perineum or lacerated cervix, or to weakened abdominal muscles.

It is obvious that backache is not to be considered a disease, as it attends a multitude of affections. Nor is its treatment to be cavalierly dismissed with a plaster. On the contrary, an inquiry into its cause may reveal a serious malady, and the treatment thus indicated may result in most grateful relief.

This list is by no means exhaustive, and other causes of aching back will occur to our readers.

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Pore over self, look into self analyze self, dissect self, but never shed one tear upon the soil of your own soul; if you do, something rank and poisonous will grow with roots so deep, that it will take your whole *Unit of Force* to pull it out.

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### THE WALKING CURE FOR CONSUMPTION.

If the experience of a Canada boy is any criterion, he has discovered for consumption that which leaves Koch's and other lymphs in the "also started" list. His remedy is certainly a heroic one; and efficacious as he found it, is scarcely likely to become popular.

This is his story: He had been sent to California on account of weak lungs, and soon after reaching there was told by his physician that he could not live, and had better go home to die. The idea of death was not at all pleasant to the young man, and he thought long and carefully before making his decision.

Many would have done nothing, or committed suicide, but not so with this young Canadian. A sudden inspiration

came into his mind: He would spend the remainder of his days in taking a walk—back to his old home in Toronto. He at once began his preparations, and in a day's time started out, with his best suit on, one lung out of business, \$1.60 in his pocket, and a gross tonnage over all about 81 pounds. He was very weak at first, and his contract seemed almost more than he could carry out. A mile and a half a day was the limit. For two months he trudged along, keeping his money—as long as he looked respectable no one would take it, but when he became more weather-worn and seedy-looking it soon went. He was still weak, so much so that when he got permission to cut some wood for a meal, he was unable to wield the ax. Still he pushed on through storm and sunshine, heat and cold, bracing himself to a task that seemed herculean.

He left the beaten track to take a short cut, and lost himself two days and a night in the dense forests; but in spite of all he commenced to gain strength, and was soon able to average thirty-five miles a day, and one memorable day covered fifty-one miles. In Oregon he saved \$18, cooking for some hungry sheep herders, strangers to dyspepsia, and started off again, rich once more until he reached Idaho. There he had a terrible experience, tramping across 173 miles of blazing hot desert without food or water, until he reached an oasis where some adventurous spirit had by irrigation reclaimed enough land to produce a scanty living.

By this time his tongue was parched and swollen, his lips cracked, and he was completely exhausted by his privations, so much so that it took several days of water and food to put him in shape to

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Fauldes says that when diabetics take eucalyptus the sugar at once lessens in quantity, the fresh infusion only.

Leftwich recommends lemonade with white of egg as a nutritive drink for invalids. Very little sugar is needed.

continue his walk. With the aid of a big water bottle he managed to cross the rest of the arid, sun-parched plain, and crossed into Utah, through which state he strolled, hospitably received everywhere by the lonely railroad men, to whom the sight of a face from the outside world was a real godsend. In fact, at one place where he had to face a fearful cold snap, with snow waist deep, a family took him in and kept him three weeks.

When finally he did start off, the lady of the house gave him a kiss and a \$5.00 bill, to cheer his lonely pilgrimage. The money was gone but the memory of that kiss is still fresh. Through storm and snow, wind and rain, he plodded along until he finally reached Canada.

When he landed in Toronto, his old home, he was weatherworn and weary, but a well man, weighing 136 pounds of hard, healthy manhood, and without a trace of his old foe, consumption.

That man deserved the life he so bravely fought for.

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The New Year beckons us onward. The paths are various, which she has for us to tread. Not all are rose-scattered and happy, but be sure, that for a brave, true spirit, their endings shall be in righteousness and peace.

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#### IMPORTING DISEASE.

The commissioner general of immigration reports that although the increase of immigration has been not quite one-third over that of 1901 the comparative increase of diseased aliens for the same period has been more than two to one.

The only penalty now provided for bringing diseased aliens into the country is a return of the sufferer at the expense of the offending ship line.

As the commissioner says, this is virtually "no penalty," and his assertion is proved by the fact of the increase in the number of diseased emigrants whom the government is compelled to send back to the ports of debarkation.

The classes of emigrants who have become notably more numerous of late years than formerly represent sociological conditions of the lowest type in their native countries. Filth diseases are most numerous in cities of insufficient or impure water supply. The habit of personal cleanliness is difficult or impossible in large Oriental areas. In portions of Southern Europe it is looked upon as vain luxury by morbid asceticism. Propagation of filth diseases even where there is an abundant water supply is still rife in densely-settled parts of Europe where the modern science of sanitary plumbing and hygienic drainage is still practically unknown.

That cleanliness is the foundation of the health of communities has been completely demonstrated by the comparative ease by which hygienic precautions have stopped the advance of epidemics on frontiers.

Importation of disease by shipping lines is not to be corrected by trivial fines. The evil can be reached effectively at only ports of embarkation. There is an American consul at every large shipping port abroad. It ought to be a part of his duty to see that diseased emigrants are not allowed to procure passage to this country. A system of medical inspection to this end can be enforced with the co-operation of local authority.

Difficulties which may invest this undertaking in the beginning will vanish before the instinct of self-defense which must be aroused in behalf of the sound

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Irregular heart-action, the sounds lacking quality and tone, indicates cactus, a feeble heart-stimulant or steadier.—*Ther. Gazette.*

In parenchymatous nephritis Hare finds Basham's mixture useless, digitalis doubtful, red meat not so bad, water often useful.

passengers on a ship. Steerage transportation has been so much improved by competition that no well-managed line would be disposed to take the risk of injury involved if shown to be guilty of giving passage to diseased persons. Vigorous and concerted action on the part of the United States government through its representatives at ports of debarkation will correct an evil which has attained menacing proportions.

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A gentle heart is like ripe fruit, which bends low, that all may pluck it.

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### LOVE LAUGHS AT HOMEOPATHS.

Recent events have made us sigh for the homeopathists of Missouri. That state is noted for bribery and for conviction of bribers; for the desire of its citizens to see things not through a glass darkly; for its mules and the vast number of mines in which the public have the opportunity to become stockholders. Now it has made an additional bid for fame, which cannot be rejected.

The homeopathists, in state convention assembled, have decided against kissing.

Homeopathy is a school of small doses. It is a school of pills, but the pills are usually sugar-coated. They are easy to take, and it is contended by members of the school that they do the work.

Why, then, should homeopathy and kissing be at odds? If there is anything easier than taking a kiss it is giving a kiss, and a kiss is a small quantity. At any rate, the dose can be repeated many times without injury.

The homeopaths condemn the gentle art of osculation as unsanitary and con-

ducive to the propagation of microbes. Well, if it is unsanitary, so be it. However, we would rather drink the nectar of the lips we love than quaff the best formaldehyde that ever was compounded, and the sweet breath that comes in a faint and fragrant sigh from those lips after the kiss is over has a more delicious perfume than all the deodorizers the health department uses.

The microbe that finds a chance to get busy through a kiss is a lucky microbe. It won't do any harm. It is bound to be a sweet-tempered and happy sort of germ, and the chances are it will hustle around and find some grouchy bacillus that has no good aim in life and destroy it, instead of preying upon loving and kissing humanity.

While we are not under the jurisdiction of the Missouri Valley Conference, we are willing to take good advice from anybody, and we are much obliged to the doctors for a timely suggestion. Hereafter we advise all to suit their kissing to homeopathic principles, and deny themselves the pleasure of kissing old ladies and young children, confining their modest and temperate efforts to healthy young women, who are robust enough to throw off germs, and attractive enough not to possess any. It is no doubt true that "the handshake is the hygienic salutation," save in cases of smallpox and other contagious ailments, and it will give us the greatest pleasure to shake hands with the babies, however lowly, but in the matter of lovely womanhood—well, we shall continue to go right on defying death and courting disease—of course in homeopathic installments. We must die eventually in spite of doctors, and medicines, and why not die happy?

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Glonoin relaxes the blood vessels so that the heart has less work to do, but it is never a heart-stimulant.—*Ther. Gazette.*

Huffman (*Ecl. Med. Jour.*) recommends pulsatilla for chronic gastric catarrh. with melancholy and vertigo. Try anemonin.

It may be true that kissing is an "osculatory exercise which promotes the material happiness of microbes." We have no intimate knowledge of microbes which leads us either to affirm or deny that among these microscopic organisms "kissing goes by favor," as among human beings, but we are not moved by the fact, even if demonstrated.

In fact, it is well known that a kiss is peculiarly delightful when it is dangerous, not from the microbic point of view, but from that of ethics. The more dangerous the practice can be proven to be, the more likely is man to rush into the breach. It could not be safely assumed that the men who are willing to brave death at the cannon's mouth are going to hold back from the sweet lips of the blushing maiden simply because she may be concealing a few microbes. Man will take the microbes along with the kiss and die contented if need be, but he will never give up the kiss until there are no more girls worth kissing.

We have great respect for science. We appreciate all that it has done and is doing, but we submit that its enthusiasms can go too far. The man who would destroy a kiss may be filled with enthusiasm for the future of the human race, but he forgets that if there were no kisses there would be no posterity, and all his science would be vain. We believe that the kiss belongs where it is, a matter of sentiment, a question of the harmony of souls. Sometimes they are stolen, and these are said to be the best, but we have yet to hear of a magistrate so cold-hearted as to sentence a man for such a deed. The nice things that have been said about kisses for a few thousand years, have never come up to the actual realization.

We have no doubt that Adam kissed Eve, and that Eve liked it. That is the whole story.

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Great is he who can enjoy his earthenware as if it were plate.

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#### DISSEMINATING TYPHOID FEVER.

One finds in the *British Medical Journal* the results of an inquiry instituted to ascertain the part played by soil, fabrics and flies in the dissemination of typhoid, or enteric fever.

It is found that enteric fever is not an exclusively water-borne disease, but is communicated in a number of ways.

The enteric bacillus is capable, it is shown, of living in soil for a much longer period than has been hitherto thought possible. It can survive, it is ascertained, in soil occasionally moistened with rain for sixty-seven days, and in soil dry enough to be readily blown about by the wind, for twenty-five days. Under a hot summer sun it withstands exposure for twenty-four days. In soil polluted with sewage it can exist for at least fifty-three days. In view of these facts, the practice of burying the excreta of typhoid patients, in order to destroy the bacilli, is obviously fallacious, since the disease germs within a short time make their way to the surface. The best way, in fact, to keep alive and spread abroad the typhoid infection is to bury excreta without first disinfecting them by means of a solution of bluestone, or sulphate of copper. If disinfected before being buried, the object sought will be attained; but burying, or using the dry earth system, serves no useful purpose. A very important passage in the report

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Prolapsus Recti: Kirk (*Ecl. Med. Jour.*) cured a case of prolapsus recti by local applications of thuja, 25 per cent of the spec. tinct.

Kinnett (*Ecl. Med. Jour.*) recommends pilocarpine for acute rheumatism, to relax rigid os uremia, alcoholism and many others.

goes on to show that dust blown from fouled surface soil is perhaps the usual cause of the spread of typhoid or enteric fever. This infective dust may be inhaled or swallowed with the result of causing fever, or it may contaminate food.

Flies which have walked over contaminated earth carry on their feet bacilli, which they impart to the milk, flesh, or other food-stuffs upon which they afterward alight. Experiments made with fabrics purposely soiled with enteric material and then allowed to dry, show that such clothing is capable of harboring and giving off infection after as much as three months, though exposed all the time to light and air. This fact emphasizes the need of great personal cleanliness and of the early recognition of light cases of typhoid, especially where soldiers or others are crowded into small spaces. These three methods of infection by dust, flies and handling soiled clothing—are, it is believed, more common than the use of contaminated drinking water. It is not, however, meant to be suggested that the contamination of drinking water is to be ignored. It is a potent cause of typhoid. All this reads as a timely warning to the people of many little cities of the new West. Even in the older sections of the country such information is important. There are many of the older cities that are little more or less than vast beds of disease. There are others that have completed their systems and that are comparatively free of danger. In the West the towns and cities are new. The systems are unfinished or inadequate. A great many local dangers have yet to be removed. It will be well to bring the people of such communities to realize their danger as soon as possible. The

sooner their interests are aroused and their minds turned toward proper means of self-preservation, the better it will be for them and for others dependent upon them for health.

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Great is the man to whom all his plate is no more than his earthenware.

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### HOSPITAL MANAGEMENT.

A curious arraignment of the State Hospital at Gowanda appears in a Buffalo paper. We know absolutely nothing of the merits of the case, but may draw some information from this indictment. The writer says the superintendent has grown to be a sort of czar, everything he says "going." Well, if that does not indicate a wise and proper management, what does it indicate? The head of an institution must be its head, to insure efficiency. A weak ruler means mismanagement, sure as the sun rises.

Guests are entertained at the hospital, the superintendent paying the cost out of his own pocket. Something must be wrong! It does seem incredible that any public official should pay for his private guests, that's a fact; and Diogenes had better come around with his lantern. But if that is the worst thing they can adduce against the man, the tax-payers had better make a life-contract for his services at once, instead of making a kick.

Third, the officers are allowed to support a private stable at their own expense, instead of using the horses of the hospital for private recreation. Terrible! What a chance lost! Really, such civic virtue grows suspicious. It is too much to expect of mere man, especially office-holding man. Meanwhile the poor

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It is impossible for a patient to have convulsions after a full dose of pilocarpine.—Kinnett, *Ecl. Med. Journal*.

Malarial hyperpyrexia, 107, gave way promptly to the administration of pilocarpine hypo. gr. 1-2.—Kinnett, *Ecl. Med. Journal*.



attendants who go to town on leave must walk! Let the down-trodden rise in their might, and demand that the officers walk, or drive the attendants in the barouches. That would give such lovely chances to the reporter, especially if the attendants were females.

The next count is that the attendants are docked when ill; a detail of hospital management that may safely be left to the officers, who probably know the rights of such cases.

Some of the attendants are compelled to sleep on wire beds without mattresses under them. Poor fellows! The present writer has slept many a night that way, especially in South America where the mattress is an impossibility, and can testify that after such an experience the mattress in warm weather is a nuisance. Try it yourself, and see how cool and comfortable it is, and how the wire fits, with no projecting bones to get sore from pressure.

The barber has to do odd jobs while not engaged at his barberous task. To any one who knows how barbers like to loaf when not busy, this is simply terrible. And in a public institution too!

A young woman calls the girls at 5:30 a. m. The misery thereby entailed is beyond calculation. Most of these girls might otherwise sleep till 11. It is tyranny and oppression beyond a doubt.

The final count in the indictment is that under the old system the attendants could go with their grievances to the local board of management and have the superintendent shown that he was not "the whole thing," when he attempted to enforce such injurious regulations; but now his will is law.

Altogether, the attack is one of the finest pieces of testimony to the efficient

management of a public institution we have ever seen in print — so much so as to arouse the suspicion that it was prepared with that object in view, were it not that the journal in which it appeared is too pronounced an opponent of Governor Odell to admit the idea.

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He who has lost one ideal, should give his heart and soul to another and nobler.

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#### THE AUDIENCE TO WHOM WE TALK.

There is such a difference in the talk one makes, and the result of a talk, if he correctly gauges his audience. And those who write for the twin CLINICS should think of this before they write.

We CLINIC men are not college professors, not even specialists. We are just plain, ordinary every-day, all-around doctors. I am afraid that all of us do not properly resent it, when some burly friend slaps us on the shoulder and addresses us familiarly as "Doc." Maybe we know that that same big fellow would fight for us, share his last dollar with us, if need be; and it doesn't shock us at is ought.

We are family doctors. We have our families who come to us for everything in the line of medicine, surgery, obstetrics, all the specialties and collateral branches, most of the moral and financial problems that beset humanity, and in fact look up to us with confidence and affection for advice and help whenever needed. And in our busy lives we need and want every bit of helpfulness we can secure to pass along to our dependents. We are interested in all that pertains to medicine, in Raynaud's disease, Widal's

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Migraine can be cured by chromium sulphate.—*Ther. Monthly*. Or by any other intestinal antiseptic in efficient doses.

Richards (*Pediatrics*) cures earache by atropine, with a lot of trash added to hinder absorption and spoil the effect.

reaction, Koplik's sign, all the new serums, all the new theories, all the doings of the leaders in the profession. But we rarely have occasion to use these things in our daily work, for our patients persist in having such homely, old-fashioned maladies as pneumonia, rheumatism, coughs, colds, diarrheas, indigestions, babies, and unfortunately an occasional accident. And out of these every-day maladies ninety-five per cent of us make ninety-five per cent of our incomes; and it is first of all essential that we be prepared to give these common things the very best treatment we can devise.

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The world likes hopeful, sunny, buoyant character, shunning gloomy prophets who see only failure and disaster ahead.

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#### SANATORIA FOR CONSUMPTIVES.

A New York man has given Dr. Flick \$600,000 to found a clinic for the free treatment of consumptives in that city.

Before finding fault with the city hospitals for refusing to admit consumptives, be sure you comprehend the true state of affairs. The number of beds in a hospital is limited—the number of consumptives has no limit. When an accident occurs, the patient is naturally taken to a hospital. When he recovers or dies, the bed is ready for another similar case. The succession of short stayers allows the benefits of the institution to be shared by a number of persons. And this is the true function of the hospital.

The consumptive gets into a hospital bed—and there he stays. He may occupy it for many years, during which he is pretty nearly stationary, or slowly failing. Every bed so occupied is a limit

to the hospital's capacity to admit and care for cases that offer more prospect of being cured. Why occupy with incurables beds that might otherwise be utilized by cases susceptible of cure?

Even the Home for Incurables had to provide a special ward for the consumptives sent there. And is it fair to deprive all others of their chance of admission to this haven of old age? Besides, it is a terrible thing to dub anyone as "incurable."

The only place for the consumptive is a hospital specially devised for his malady. Every state and city should provide for these cases in this manner, for their own benefit and that of the others who may in that manner be protected against the contagion. Dr. Flick's institution in the hills of Pennsylvania has opened the eyes of many as to what can be done with these unpromising patients. This is the true idea, and that along whose lines future work should be directed.

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It is as natural to try to avoid disagreeable, unpleasant people as it is to escape from the gloom and shadows into the sunlight.

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#### THE TONIC ARSENATES.

We have recently had several inquiries as to the make-up of the tonic arsenates so-called—the arsenates of iron, quinine and strychnine. These are true salts and not mixtures. The C. P. salts combine as follows:

Strychnine arsenate: Strychnine, 59.2 per cent; arsenic acid, 40.8 per cent. This formula is given in Merck's Index which is considered excellent authority. By some, however, the proportion of arsenic acid is said to be less with about 15 per cent of water of crystallization.

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Bass treats typhoid fever by castor oil. How the truth finds its way by curiously devious channels. "Clear out and clean up."

Sciatica: Hot baths, massage, Scotch douches.—Brieger. *Berlin klin. Wochenschr.* Good as far as it goes.

Quinine arsenate: Quinine, 60.2; arsenic acid, 24.4; water, 15.4. This also is given from the formula in Merck's Index. The U. S. Dispensatory gives a somewhat different make-up, namely 69.4 per cent of quinine, 15.2 arsenic acid and 15.4 of water.

Iron Arsenate is inclined to be variable unless very carefully preserved. When fresh and right it contains 30 per cent of iron, 50 per cent arsenic acid and 20 per cent water. As this product readily oxidizes the amount of iron may vary within a certain limit. It is always well to use a dependable salt.

We trust the above information will be of help to many of our readers. The tonic arsenates are valuable salts and should be more generally used in place of the sulphates of the same basis.

HYOSCYAMINE FOR SEASICK- NESS.

I wish that our readers, who have opportunity to do so, would test the value of hyoscyamine and strychnine in sea-sickness and car-sickness. Of course some attention is necessary to prepare the system for a sea-voyage provided one is inclined to *mal de mer*. This is perhaps the best done by dieting, clearing out the bowels, and the use of strychnine as a tonic. The rationale of the action of hyoscyamine, which is the dominant, is that it fills the capillaries all over the body and prevents the anemia of certain localities, with congestion of other localities, which is the real primary cause of the fearful nausea of this condition. Strychnine should be given meanwhile to tone up the general circulation, and if the intestinal canal is out of order, copper arsenite in small

doses may well be added. We would like some reports as to results of trial.

FLORIDA.

We have received from Dr. Cuzner a paper on the Climatic Treatment as related to Florida, a very interesting reply to Dr. Waugh's paper on Atlantic City in a recent CLINIC. The paper came too late for the January issue, but will appear next month, and with it some remarks by Dr. Waugh on the same subject, and allied topics. In the meantime we beg our readers not to judge this fair State and its legitimate claims on our attention by the silly and intemperate commenta made by at least one of the Florida newspapers that has come to our table. We trust that there are within its bounds men capable of discussing scientific matters in a scientific manner, with the view of giving and receiving information, that the public may be enlightened.

ATLANTIC CITY.

The typhoid fever at Atlantic City has been traced to the Penrose canal, an artificial waterway that was infected by sewage, while the regular sewer was broken last summer. Two persons affected by typhoid from outside the city were treated in it, and their excreta, not disinfected, were thrown into the sewer. Sewage has long been directed into Gardner's basin also, and oysters are fattened in water taken from these two polluted receptacles. This has now been forbidden by the city authorities, and hereafter visitors at the charming seaside capital need have no fear of the oyster.

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Tetanus: Kellogg prefers carbolic acid to antitoxin, and claims better results. Saturate the body quickly.

Hay-fever: Atropine and glonoin, with morphine, for the paroxysm; Fellows' syrup for the intervals.—*Med. Summary.*

LEADING ARTICLES

NOTES ON ORGANO-THERAPY AND SPERMO-NUCLEIN.

By G. E. Krieger, M. D.

Professor of Surgery and Bacteriology, Harvey Med. College, Chicago, Ill.



G. E. Krieger, M. D.

THE prominent position amongst natural sciences occupied by what is called physio-chemistry or the knowledge of organic metabolism is due in a large degree to the advanced understanding of the etiology of many, especially infectious diseases, and the reaction on the part of the infected organism.

Since we know that the latter responds to bacterial action, the production of toxins and toxalbumins, by a counteraction consisting in leucocytosis, *i. e.*, diapedesis, accumulation and increased energy of leucocytes, we have drawn the conclusion that in the leucocytes the organism possesses an effective agent for protecting itself against the microbes and their toxic products. The resistance thus produced against bacterial influence varies in different individuals exposed under like conditions as does also the disposition or idiosyncrasy to the primary infection. Even in the same individual there is of-

ten a different degree of susceptibility to different infectious diseases, and the question arises: What is the cause for such variance in individual resistance? In answer we may say: The individual resistance is proportionate to the degree of cellular energy of the tissues in general and of the leucocytes and their products in particular.

According to Metchnikoff the lymphoid cells are the active protectors of the organism. Hankin, Buchner and others consider the production of certain substances within the leucocytes, called Alexines as the real protective agent. Both theories start from the premise that the most essential factor in spontaneous recovery as well as in specific therapy is the activity of the leucocytes. Recognizing this fact many investigators have made experiments to learn what effect the increase of leucocytes has upon the course of infectious diseases with the result that the lymphatic and glandular system plays an important part in the defense of the organism, and when properly stimulated the *cellular action* is a factor which *decides the final outcome* of the disease, and further, that the *active prin-*

ciples producing this effect are located in the nuclei of the cells as nuclein, nucleic acid and spermine. After this fact had been established it was but natural to look for means to increase the cellular energy with a view to accomplish in practice what theory had taught, and researches in this direction have led to the method of supplementing the natural forces when insufficient to keep the system in a healthy condition by application of corresponding material prepared from other organisms.

With the advent of this method known as *organo-therapy* into the field of medical science, the latter has not only commenced a new era, but practically has experienced a change from an empiric to an exact science. The suspicion with which the new doctrine was received by the more conservative members of the profession has vanished and instead the conviction that a new and singularly effective means of defense against many either unknown or irresistible bacterial enemies has been found has promptly put this modern method into its well-deserved place as a fundamental principle in dealing with the various toxic elements and against which the organism heretofore fought an uneven battle for want of proper and efficient weapons.

This admitted, it is interesting to observe how the experiments of investigators who tested various material or the derivatives of different organs have furnished evidence that when the organism is unable to produce an efficient defense against the toxins formed at a certain part or circulating through the body, *the material produced by the corresponding glands represents the most effective means of destroying the noxious elements*, and thereby restores the weakened

and exhausted organism to its normal condition.

The activity of the glands increases with the formation of toxic elements, and seems to develop in certain places a sort of specific energy against the kind of germs most frequently found in such places (bronchial glands, vice tubercle bacilli, submaxillary glands and tonsils, vice diphtheria bacilli). As long as these glands react promptly upon the appearance of disease germs the defensive powers are sufficient to neutralize and eliminate their toxic products, and this explains why in epidemics many persons remain unaffected although the specific germs have entered their organism. Even in so virulent infectious diseases as cholera, anthrax, etc., the bacilli are occasionally found in individuals who do not show the slightest symptoms of disease. Tubercle bacilli are also carried by many people who are never affected with tuberculosis. D. L. Pizzini found the bacilli in the bronchial glands of 42 per cent of persons who had died of other causes without showing any tubercular symptoms. (*Zeit. f. Klin. Med.* XXI, 3, 4). Diphtheria bacilli are frequently found during an epidemic in quite healthy children, and so are the diplococcus of pneumonia in the mouths and typhoid bacillus in the evacuations of people not suffering in the slightest degree from the corresponding diseases. In all such cases the glands nearest the place of possible infection evidently counteract effectively the bacterial products and thereby prevent the development of disease. Not until the glandular activity is exhausted or becomes insufficient does the organism show symptoms of disease, and at this stage, additional bactericide agents are required and furnished by general



Optic neuritis and amblyopia developed during treatment of obesity by thyroidine; relieved by stopping it.—Coppez.

To resuscitate cyanotic newborns: Mustard baths did better than rhythmic tongue-traction and artificial respiration.—Besson.

leucocytosis. Following this mode of action, chosen by nature, it was logical to assist the natural process of defense by incorporating the corresponding material taken from the animal organism. While this empiric way of reasoning has opened a large field of practical application it is from a scientific point of view interesting to determine what is really the nature of the active principles contained in such material and how they affect the biologic condition of the cell.

It has long been known that certain agents are responsible for the metabolism of the cell, and that the cellular activity is influenced by the presence of phosphorus in its protoplasm. Recent physiological investigations have revealed the facts that this phosphorus enters into combinations with various albuminous bodies and proteids, especially lecithin, and produces substances of very complicated composition like nuclein and nucleinic acid, which in turn enable the cell to perform its bioplastic function with increased energy and produce such therapeutic results as are frequently observed after phosphoric medication. The incorporation of phosphoric substance must naturally be the more beneficial the more assimilable it is when offered to the system, and therefore we observe better results from organic phosphoric bodies than from the mineral or its salts alone. As a part of the increased cellular energy we have to recognize the bactericidal power acquired from organic extracts which as Kossel, Wasserman, Klemper, a. o., have demonstrated is due to nuclein and nucleinic acid present in the leucocytes and lymphatic glands; and although there is a slight difference in its effect according to the material selected, it has been proven that all organic ex-

tracts contain to a certain degree the same elements, which the system is able to assimilate from the former no matter whether given hypodermically or per os, and which it uses to best possible advantage in its chemical household.

The direct effect of the assimilation of these elements is 1. An *increased oxidation* (Armand Gautier, chemism of the living cell). 2. An *increase of red blood corpuscles* and hemoglobin (Serono, *Arch. Ital. de Biolog.* XXVII, 349) and 3, the more copious *elimination of nitrogen with the urine*. It is indeed this latter phenomenon which I consider of vital importance, as from a physiological and clinical standpoint we must concede, that nothing is as injurious to the organism as the products of incomplete chemical metabolism of organic matter. In order to fully understand the position of such products one should recall the fact that as a result of tissue-metabolism *basic substances* are constantly formed which are waste-material and under normal conditions are eliminated from the system. When the function of the eliminating organs becomes impaired, however, or when bacteria are at work, the basic products may change in character and become exceedingly poisonous. The nature of these bases depends to a great extent upon the peculiar composition of the proteids from which they originate through enzymic and bacterial influences. Gautier, who was the first to systematically study these bases, called all those which are formed from living tissue, *leucomaines* in distinction to *ptomaines* resulting from putrefaction. The leucomaines may be divided into the following four groups:

1. The *purin* ($C_5H_4N_4$) or *uric acid* group.
2. The *pyrimidin* ($C_4H_4N_2$)—

Oedema of Lungs: Inject below clavicle strychnine gr. 1-50, atropine gr. 1-100.—Donovan. Not always dose enough.

Mattos recommends buttermilk as a food-remedy for infants with acute or chronic gastro-enteritis, or with rickets.

group. 3. The hexon bases represented by Arginin ($C_6H_{14}N_4O_2$)—4. The creatinin ($C_4H_7N_3O$)—group. The purin bases as has been conclusively demonstrated by Kossel are derivatives of the nuclein which exists in the cellular nuclei. As such they must be considered products of nuclear metabolism under the influence of nucleic acid. The latter when subjected to hydrolysis is also instrumental in forming the various products belonging to the second group, especially thymine a hydrolytic product which Kossel has shown to be identical with the "nucleosin" of Miescher prepared from the spermatozoa of salmon. Contrary to the above groups the hexon bases, designated as such on account of their six carbon atoms, are distinctly products of proteid bodies and have no relation to nucleic acids. The importance of these bases, especially their representative arginin, is obvious from the analogy of its effect upon proteids compared to that of trypsin in pancreatic digestion. Two other bases belonging to this group, lysin, (Drechsel, *Chem. Berichte*, 1890) and histidin have been found to be constant cleavage products of animal proteids. From the study of these last mentioned bases we have really gained an insight into the metabolism of the cell protoplasm, and thereby an understanding of the complicated transformation of nitrogen into its final waste product, urea.

The intermediate products of physiological metabolism are partly harmless and partly deleterious to the organism. When the latter for lack of further transformation remain in the system, the effect is an *auto-intoxication* as most clearly seen in uremia. Such auto-intoxications are in fact the cause of many diseases, which

can be proven by the different toxicity of the urine. For instance, the urine of a healthy person hypodermically injected into a rabbit will do considerably less harm than the urine of a person suffering from any disease which is based upon weak functions of the organs, or, to speak chemically, upon *incomplete change of substance on account of lack of oxidation*. For the same reason the urine discharged during the night shows a higher toxicity than the urine discharged while a person is awake and active. According to Bouchard's investigation the coefficient of toxicity for normal urine is 0.465. The coefficient increases during acute fevers, as scarlet, typhoid, pneumonia, acute tuberculosis, and in all anemic patients to the extent of 50 to 100 per cent. Lepine and Aubert found that hypodermic injections of urine taken from patients with certain nervous diseases cause clonic spasms. The toxicity of such urine is directly proportionate to the amount of leucomaines and other intermediate products present. Baint and Silberet succeeded in preparing three leucomaines from a case of strumexophthalmia or Basedow's disease, and experiments with these substances were to the effect that animals inoculated with the same showed symptoms similar to the original case. Griffith also isolated from the urine of an epileptic patient a leucomaine, which injected into a dog caused spasms, vomiting, dilatation of the pupils, and finally death.

Such deleterious leucomaines, are without doubt forming constantly in our organism, and would do much harm were they not eliminated or balanced by natural chemism, in particular by oxidation. The necessary impulse for these chemic actions is given by *catalytic agents*, the



Glonoin for muscular spasms, hysteria, hystero-epilepsy, eclampsia, tetanus asthma, renal and hepatic colics.—Randall.

Migraine: Laxatives and intestinal antiseptics.—*Med. Record*. A little more and we shall be discovered at last!

analogues of the well-known ferments which are instrumental in the process of digestion.

Some noted physiologists as Traube, Jaquet, Gautier and others, anticipated the existence of these agents long before the scientific researches of Brieger, Ehrlich and Kossel threw light upon the different leucomaines and toxins, but not until the chemical nature of these elements had been established was it possible to appreciate their physiological action and after careful investigation of the subject, I have come to the conclusion that it is part of the cellular function of certain glands, in particular the *nuclei* of the *sperm cells* to *furnish such oxidizing agents or nucleins* to the organisms with a view to assist other tissues in *completing the process of oxidization*, and thereby increase the energy of cellular action as well as vitality and resistance of the individual. It was with this conviction that I have conducted many experiments with the nucleins prepared from animal glands and from spermatozoa, called *Spermo-Nuclein* with the result that my anticipation of its chemical and physiological action was promptly verified and corroborated clinically by a number of unbiased practitioners who do not hesitate to state, that no matter

whether applied hypodermically or taken per os, spermo-nuclein *exerts a decided stimulative power, promotes digestion, and acts as a tonic to the entire nerve system.* Furthermore, it possesses *bactericide properties*, as has been proven by its application to sloughy, infected wounds which when treated with spermo-nuclein soon took on a healthy appearance and filled up with normal granulations. The undeniable and direct effect this agent has upon the nerve system in cases of neurasthenia indicates that it really *assists the physiologic functions* of such organs as are known to furnish tonic elements to the system and its specific value as an active principle in organo-therapy even if taken internally in the form of an elixir is demonstrated:

1. By the fact that the amount of uric acid increases which means a more complete metabolism of organic substance.
2. By its chemical action upon the products of bacteria, and
3. By its ability to neutralize the effect of toxic substances already circulating, thus relieving the depressed and exhausted condition.

Columbus Memorial Bldg.,
Chicago, Ill.

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MEDICINE FOR THE AGED.

By Dr. Ferran of Lyons.

(Continued).

CHAPTER II.

SPECIAL BIOLOGIC AND MORBIFIC CONDITIONS IN OLD AGE.



In the molecular movement of the transformation of the organism, all the tissues are not transformed in one and the same way. Certain tissues, as the mucosal epi-

thelium or the blood corpuscles, are used up rapidly giving place to others and the total change is made in a more or less short space of time. Other tissues persist on the contrary during the entire life

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Galium Circaezus is recommended by Owen Wright (*Brief*) as a remedy for bites of venomous snakes and insects.

Clear out the bowels thoroughly, establish the hepatic function on a normal basis, improve secretions of kidneys and skin (*Brief*).

of the individual, as the nervous, the osseous and the muscular tissues. [This is a careless statement which the author corrects somewhere in the next sentences.—Tr.] There are elements which have arrived at a certain age, having acquired their entire development will now be able to subsist a longer or shorter considerable time, depending upon the resistance coefficient of the organism. In the deeper parts of the tissues they transpose, indeed, incessant changes, the phenomena of nutrition and respiration; the oxygen and nutritive materials of assimilation are constantly carried to the periphery by the circulation which brings back the products of excretion and disassimilation. The exact regulation of the phenomena of nutrition and of disassimilation which maintain the various elements of the body in normal equilibrium constituting health is secured by a novel (separate) element which has the circulation under its control. I mean the nervous system. This system presides over all the changes and intimate phenomena of our tissues. This system watches over the good functioning of our organism, permitting also the psychic element of the individual to play on with that indispensable quietude which realizes the *mens sana in corpore sano*.

It is in fact necessary for the proper working of the cell, for the fermentation which fires up all the organic resources for maintaining the organ itself, it is necessary for all these, that all the agents so concur that the oxygen of the air should have all the quota of vitality. Furthermore, when the cell has effected its work of assimilation it retains its products of decay so that they have to be expelled. This work which is altogether the mechanical action of the cir-

culation is governed by the intervention of the nerves of vegetative life, which act upon the tunic and caliber of the blood vessels as vaso-constrictors and vaso-dilators.

At other times the nervous elements act directly upon the apparatuses themselves, either by augmenting the number of respirations or by accelerating the rhythm of the heart or by tonifying the muscular fibers. All these agents of vegetative life are co-ordinated in special places whose centers preside over life itself (bulb, protuberance, etc.).

This role of the nervous system which is already considerable in the adult is still more so in the aged. With them it is in proportion as the proper vitality of the cell elements diminish, in proportion as the wearing out of the tissues is more accentuated in them in that proportion is the role of the nervous system as a regulator and exciter of nutrition more considerable on the part of those which are enfeebled.

It is on this account that disease which gives a good prognosis in the adult gives a very grave one in the aged. The organism has in effect much trouble in its conflict with an infectious element and the nervous system already over driven and poorly seconded by the cellular vitality becomes insufficient for its task, weakens and succumbs and as Bouchard has well said: "You may notice an aged person die of nothing."

The reason that a disease acts so strongly and even originates in the aged is just because it finds there an enfeebled territory. It is well established at the present time that the interior of all our organism is full of infectious germs, which are inoffensive as long as the



Severe congestive headache is often relieved by belladonna.—*Med. Summary*. Try atropine valerianate gr. 1-1000 every ten minutes.

Gold and sodium chloride is advocated in diabetes.—*Med. Summary*. Give till the full effect is manifested if at all.

vitality of our cells keeps them in check, but as soon as there is the least relaxation in our vitality they then quickly appear on the scene of action. And when to these germs they join themselves certain ptomaines and other products of decay which are thrown into the blood disassimilation then it can well be conceived how the propensity of the aged to decrepitude will be so much greater and rapid.

Independent of infection the feebleness of the system presents a collection of troubles which Bouchard denominated the diseases from a slacking of the nutrition. The insufficiency too of respiratory combustion produces divers affections. The exchanges are bad; there is an exaggerated production of acids in the

urine, fatty, uric, lactic, oxalic and cyanic acids. It is here, too, where an acid dyscrasia is produced where the formation of considerable fat brings on obesity and where the formation of cholesterol brings biliary lithiasis in its train.

It is here also that uric acid brings on gout, gravel, besides also the arthritic affections and the glucose which has always diabetes in its train. From all that was said we see that there are two things in the aged against which it is of the highest importance to watch and prevent them as much as it is possible:

1. The weakening of the nervous system.
2. The predominance of disassimilation.

(To be continued).

THE THERAPEUTIC VALUE OF THE INTERNAL USE OF CARBOLIC ACID.

By S. Henry Dessau, M. D.

Read before the Medical Society of Greater New York, June 1, 1902.



THROUGH your kind invitation, Mr. President, I wish once more to call your attention to the definite value of carbolic acid as an internal remedy. It is perfectly natural that there should exist among the profession at large a feeling of incredulity and hesitation concerning the virtues of a remedy whose reputation is so closely associated with a history of criminal poisoning, to say nothing of our early prejudices founded upon false interpretations of its physiological manifestations.

It is chiefly therefore for this reason that I wish to record my personal experience as to its therapeutic effects, and so, if possible, encourage and induce others either to confirm or disprove and reject my own observations.

My experience with the internal use of carbolic acid began in 1894, and I published a paper on the subject in the *New York Medical Record*, September 12, 1896, and a later one in the *Therapeutic Monthly*, May, 1901. In these papers I stated my reasons for the principle upon which its use was based. To repeat, this was for its action as an internal antiseptic, in so far as we can understand what that class of remedies means. In other words, if it is true that certain diseases are produced by the action of certain bacterial organisms entering into the human body, then carbolic acid, which, according to Gillespie, as stated in his *Natural History of Digestion*, is pre-eminently the type of germicides, being evolved by nature in the physiological processes of animal digestion should be accepted as a



A flushed face, contracted pupil, eyes unnaturally bright, call for gelsemium.—*Med. Summary.* Gelsemin gr. 1-67 every hour.

In passive renal hyperemia Delafield advises pot. iodide, convallaria, caffeine and digitalis. Why not apocynin alone?

specific remedy against the disease-action of a certain class or variety of germs. Clinical results seem, from my observations, to bear out this idea in a most satisfactory and gratifying manner, more especially as the remedy is one which, when carefully used and the dose proportioned according to age and size of the patient, produces no secondary or reactionary effects.

My experience with the therapeutical effects of carbolic acid has been chiefly in the treatment of catarrhal complaints involving the respiratory tract. From the peculiar clinical picture presented in these cases, there was the best of reasons for attributing them to a specific origin, viz., the influenza bacillus. By far the larger number of my patients thus affected have been infants and children, but I have also treated many adults similarly affected, where the complex of symptoms was easily recognized as influenza. The group of symptoms to which I refer in children comprise a dry, aggravating cough, sometimes becoming paroxysmal, with little or no expectoration, and that of a tenacious, viscid character when present, being seldom or never muco-purulent. The physical signs in the lungs show few or no rales, those heard varying in size and are of a dry, adhesive quality, even after the cough has existed for many days. Frequently in the younger children there may be heard in the interscapular spaces an indefinite harsh quality of the respiratory murmur that may well be compared to the broncho-vesicular murmur of Flint. The cough may or may not be associated with a coryza, sometimes exco-riative; or a pharyngitis, a post-nasal catarrh, a conjunctivitis, or even an otitis media. There may also be a marked rise of

temperature lasting for a number of days after the onset of the affection. The most notable feature of these various symptoms is their persistency and tendency to alternate with each other as a recrudescence of the trouble. Intestinal symptoms may in this manner alternate with those of the respiratory function. In a few cases complications of pneumonia and pleurisy have been observed.

All such cases as these have been treated almost entirely with the one remedy — carbolic acid, with better and quicker results than any other treatment I have used, and these have been many. Especially are the results most satisfactory in those cases where it is almost impossible to keep the little patients in bed. The method of administering carbolic acid, I think safest is in the form of a solution of the strength of 1, 2, 3 and 5 per cent. The dose given is according to the age of the patient—an infant under one year of age receiving a teaspoonful of the 1 per cent solution every two hours, while a child of five years of age may get the same dose of a 5 per cent solution. A small amount of glycerin aids in preparing a more complete solution, and lately I have used cinnamon water as an expedient to aid in disguising the pungency of the acid. Only the chemically pure acid should be ordered for internal use. The mothers are always told that the medicine smells of carbolic acid. This is done to allay any suspicion that a mistake in dispensing might have been made.

Although I do not hesitate to recommend the use of carbolic acid as an internal remedy on the principle of its internal antiseptic influence, it would scarcely be fair to regard it as a specific remedy in every infectious disease. I

Heart failure, spasmodic and congestive heart-pains, call for glonoin.—*Med. Summary.* Give atropine to sustain effect.

Hyoscyamus for delirium with hallucinations, and for hysteric spasmodic movements. *Med. Summary.* Better use hyoscine.

believe that it has its limitations and that it is best indicated in those diseases where the disease-germ is of a weak nature and manifests its pathological action principally upon the mucous membranes. I also believe that its field of usefulness will eventually prove broader than we now know of, and that such diseases as erysipelas, scarlatina and even typhoid fever and pneumonia will prove amenable to its therapeutic influence. Already we have learned from various reliable and trustworthy reporters of the good results observed from the use of creosote and its preparations in the treatment of pneumonia, and to my mind there is no valid reason why carbolic acid should not show equally good results. The advantage of carbolic acid pharmaceutically as an internal remedy over creosote is that for children it makes a better solution and has a less disagreeable odor.

In this short paper it is unnecessary to dilate upon the advantages of carbolic

acid as an internal remedy over the coal-tar and aniline derivatives, although it may be possible that these latter possess antiseptic properties to a certain extent. Nor is it hardly necessary to explain its physiological action, further than to state that it has been found by me as well as others to be perfectly harmless and free from secondary effects when administered in the doses mentioned. The smoky color of the urine we now know depends upon the elimination of the acid in a changed form, known as the glycuronate of hydroquinone and pyrocatechin. The presence of albumin in the urine may or may not be due to an irritation of the kidneys by these substances, but as a matter of fact no interference with the renal function has ever been observed by me while administering carbolic acid in now some 4,000 cases. The only idiosyncrasy observed against its use has been that of vomiting.

New York City.

IODOFORM IN CHRONIC LUNG DISEASE.

By A. L. Blesh, M. D.

CASE 1. Young man, 18, much emaciated, night-sweats, chronic cough, raising large quantities of a thick purulent material. Expectoration especially abundant in the morning when the paroxysms of coughing were very distressing.

Physical examination showed supraclavicular depression, hurried respiration, dullness in both pulmonary apices, emphysematous areas over both lungs, moist and whistling rales over upper zones of both lungs especially marked over apices, temperature varying from 100 to 102,

with occasional chills of an irregular type.

Treatment: Iodoform gr. 1, every two hours, increasing with the establishment of toleration to gr. 2, up to gr. 20 daily. Strycline arsenate gr. 1-30 every two hours. In a few days this case was turned over to his regular physician who continued the treatment as outlined. Despite prognosis to the contrary the patient began a slow, steady improvement, and by the end of six months was apparently recovered completely and has remained so till now, two years hence.

Passiflora quiets nervous irritations and is a good hypnotic for children.—*Med. Summary.* Yes, if you use Daniel's.

Passiflora for insomnia from abuse of alcohol, or nervous excitement, and in convulsive conditions.—*Med. Summary.*

Case 2. Young lady, 20, blonde, school-teacher. Had been troubled for two years with a hacking cough, emaciated and hectic, sometimes a little temperature, cough always bad in mornings and upon going to bed, expectoration purulent and abundant. Physical examination revealed depressed supraclavicular space, right lung, some emphysema of left, which otherwise seemed sound, very short of breath upon exercising, especially so upon going upstairs; marked dullness and rales in apex of right lung, diminished respiratory excursion in right lung. At one point in right lung the percussion note was so tympanitic that I was tempted to diagnose a cavity, but since she has recovered I am glad I didn't (?).

Treatment: Heroin mur. gr. 2, syr. hypophos. co. enough for three ounces. Direct: One teaspoonful every two to four hours as required to allay cough.

Pil. iodoform gr. 1, 100; strychnine arsenate gr. 1-30, 50. Divide in 50 capsules. Direct: One four times daily, slowly pushing to ten daily.

The limit of iodoform toleration in this case was reached with 16 grains. When this amount was given watery eyes and sneezing with congested nasal mucosa occurred. Three months' treatment resulted in a complete cessation of all symptoms and an apparent cure.

Case 3. Young man, 26, large frame and stature, cough for three months with growing weakness and lassitude and loss of weight. Slight temperature in the evening. Physical examination, contour of chest normal, respiration hurried, marked dyspnea upon exertion, percussion showed slight dullness in right apex but not marked, a few whistling rales at same point. Microscopic examination

twice revealed the presence of tubercle bacilli with carbol-fuchsin stain each time.

Treatment: Pil. iodoform co.,* 50. Direct: One six times daily slowly pushing to ten daily. With absolutely no other medicinal treatment he began to improve at the end of the first week, appetite returned, cough lessened, increased in weight two pounds a week. Bacilli disappearing entirely from the sputa. Patient says he feels well and to all appearances is well.

A few weeks later this man's brother came to me, tall, lank and history same as brother except that his cough was decidedly worse and the expectoration more profuse, also had had several chills with fever and was much more emaciated, also had had several colliquative sweats, appetite poor, progressive loss of weight and growing weakness, supra and infraclavicular hollowness, marked dullness in apex of both lungs with moist and dry whistling rales in abundance, considerable evening temperature, microscope revealed tubercle bacilli clearly. Treatment was the same as in the brother's case except the heroin. Hypophosphite mixture was given in addition because of the distressing cough. Improvement was manifest in two weeks and has kept steadily along up to date. The bacilli have entirely disappeared from the sputa.

In this case as in all that I have observed the first evidence of improvement is in the change in the character of the sputa. The minute white flecks which are so commonly scattered through true tuberculous sputum disappear and liquefaction of the otherwise heavy yellow material expectorated occurs. These

*A pill containing iodoform gr. 2, strychnine gr. 1-30.

Cocaine is a valuable local anesthetic, but very small doses have caused death.—*Med. Summary.* Best substitute Eucaïne.

Aphonia from fatigue or laryngeal catarrh is relieved by small doses of nitric acid.—*Bartholow, Med. Summary.* Try sanguinarine.

white bubble-like points are usually rich in the bacillus tuberculosis and from them is usually selected the material from which the slide is prepared for microscopic examination.

The sputum under full physiologic dosage becomes thinner and cleaner and lessens in quantity.

Remarks: In the first two cases a microscopic examination was not made and although they presented the usual symptoms complex of tuberculosis pulmonalis we may throw them out of consideration so far as that disease is concerned. But even here the exceptional value of the remedy in chronic lung trouble is demonstrated. If these cases were not tuberculous they were undeniably chronic bronchitis of a very severe type and it surely is no inconsiderable matter to have at hand a remedy so potent for good.

Now if cases 3 and 4 were not tuberculous what were they? I believe it is true that the Koch bacillus is the universally recognized causative factor in the production of tuberculosis. In these cases while the physical signs of the disease were not so well marked as they were in the preceding two, the bacilli were demonstrated by a competent microscopist.

I wish it to be remembered that I am not urging iodoform as a specific for tuberculosis, but am insisting that I am stating facts capable of substantiation.

Iodoform has been much neglected as an internal medicament. Its local use has overshadowed its possible utility as an internal remedy. Not one physician in a thousand has ever thought of it as a remedy to be administered internally. But a few days ago I received a letter from a physician asking whether it was possible for it to be toxic in the doses ad-

vised. He had read an article on the subject by the writer and wished to try it in a case and wrote a prescription for it. The druggist refused to fill it presumably because in his superior wisdom he considered it unfit for internal administration.

It might be well to suggest that for various reasons which are obvious upon a moment's thought, when a physician desires to test a remedy out of the ordinary old grove in which the druggist has been accustomed to slide along so easily, that he would avoid the risk of having it censored by simply filling it himself. Permit no incompetent critic to pass upon your work and thus jeopardize your standing with your clientele.

Personally I believe in the function of the educated pharmacist, but in a question of doubt I would favor myself.

As a local application to tubercular foci in localized infections iodoform has long held the supreme place. Is it possible to so saturate the system as to cripple and retard the life processes of the tubercle bacillus so that the vital processes with this assistance may triumph over it? It appears to me that this sphinx riddle of the cure of tuberculosis must soon be solved.

There is another important factor involved in the iodoform treatment that must not be lost sight of. Iodoform is a local antiseptic. Intestinal antiseptics is of the greatest importance in the treatment of this disease. Iodoform meets every requirement as an intestinal antiseptic. It is very exceptional that its administration is attended by any unpleasant consequences. It seems to set well on the most delicate gastric mucosa. I have found that the best method of giving it is in gelatin-coated pills such as



Potassium bichromate is valuable in diphtheria and various sore throats, internally and locally.—*Med. Summary.* Small doses.

Calcium iodide aborts a quinsy within 24 hours every time.—*Nillson, Med. Summary.* Give gr. 1-3 every five minutes.

the ones made after the formula appended in the footnote.

Now finally I would plead for a stronger faith on the part of the physician in the curative powers of remedies properly administered. Somehow my whole professional instinct revolts at the idea of therapeutic nihilism, therapeutic nothing, in other words. If anyone does not believe that that is the feeling animating (or rather not animating, for there is or can be no animation in such disbelief) the large majority of the pro-

fession today let him have the temerity to urge the possibility of aborting any acute disease except malaria or syphilis before any body of medical men and note the result. The writer has tried it. How anyone can believe that these two diseases may be cured, aborted, jugulated or whatever term is used and yet profess with pride and obstinacy their disbelief in the efficacy of medication in all other diseases is past comprehension.

Guthrie, O. T.

NEW ZEALAND, THE LAND OF SCENIC BEAUTY AND HEALTH-GIVING SPRINGS.

By G. Frank Lydston, M. D.

Professor of Genito-Urinary Surgery, Medical Department, State University of Illinois;
Surgeon to St. Mary's Hospital.



G. Frank Lydston, M. D.

NEARLY 11,000 miles away from where I am penning these lines, south of the Tropic of Cancer, and three days' travel by water southeast of Australia, lies New Zealand—the "England of the East"—the "Switzerland of the Pacific." What a far-away sound the name of that country has, to be sure. And it was just this "far-awayness" that determined me to seek rest and recreation there, when my vacation time came round a little time ago. As I wax older I grow fonder of straying into the out-of-the-way corners of the earth. Places which have a flavor of the wild and unusual attract me more and more as time goes on. Possibly I was actuated in the case of New Zealand by a sort of sympathetic interest. It seemed so lonely, away off

yonder, that I felt sure the people would welcome a friendly "Indian" from Chicago's wilds. But, of all the self-sufficient, independent and proud fellows on earth, the New Zealander is the superlative degree. He doesn't need you a little bit. His three "right little, tight little, tidy little islands in the middle of the sea," are not only capable of getting along without the rest of the world, but they come mighty near doing it. Deduct 40,000 for the poor, unfortunate Maoris—that worst abused and noblest of the brown-skinned races, and there are still remaining nearly a million of as industrious, cultured and civilized white people as can be found on the earth. No, do not waste sympathy upon them, but just go over there and glory in the climate and the scenery, and if you don't feel well, take the hot baths and drink the mineral waters.

The trip to New Zealand is one of the finest in the world. Is it hot around the equator? Well, no—I have suffered more

Does the habitual subdermic use of morphine cause organic disease? Mattison offers \$400 for the best reply.

Quinine acts as an antiperiodic only when the tongue is moist; if dry and excited it is contraindicated.—*Med. Summary.*

with the heat at home. Out of 42 days (the round trip) there were no more than seven or eight moderately hot days. The nights were cool and delightful and the noble "Trades" were blowing constantly. Rough weather? Um—let me see. We had about six days, all told, but several days were worthy of note. I was reminded of the story of the sea-sick Irishman. He was paying his respects to Neptune one dark night, when a compatriot noticing him leaning over the rail asked, "Is the moon up, Pat?" "Faith," replied Pat, "if I ate it, it is."

But who cares for a little thing like that? When a sea captain of fifty years' experience says he is always sick between Auckland and Sydney, (I went on to Australia) a land-lubber need not blush.

Let the invalid tourist who loves the sea, take such a trip, if he would get the most out of old ocean. And let him take flannels or wraps along, and not be deceived by parallels of latitude and such things.

New Zealand's climate is ideal, her people charming, and her scenery magnificent. Sea sounds suggesting Norway's snow-capped mountains, glaciers and deep blue mountain lakes recalling Switzerland, geysers and hot springs rivalling the Yellowstone or Japan, hot lakes matching Colorado — New Zealand has them all. And as to wonders, what of the Kea, the avian nephrectomist, a parrot which, originally a vegetarian, now lives on fat torn from the kidneys of sheep? And he kills his own sheep, too. Other fat he will eat, but not when he can get peri-renal fat. The skeleton of the great giant—the Moa, impressed me greatly, but my rival genito-urinary specialist, the Kea, gave me the thrills.

It is a great pity that New Zealand is so far away. Her health-giving springs and lakes are wonderful, and only the great distance from the large continents prevents this country from being the greatest resort in the world, both for invalids and tourists.

The "Hot Lakes Wonderland" in the north or upper Island is the most important part of New Zealand from the physician's standpoint. The center of this district, Rotorua, is 160 miles from Auckland. The latter city is a delightful port of entry into New Zealand. Its harbor is one of the best and most beautiful in the world. The only harbor I have seen which compares with it, is that of Sydney, New South Wales. The most delightful way to get to Rotorua is to take a steamboat for Thames, thus seeing the lower portion of Auckland harbor, and going thence by rail and coach. The scenery about Rotorua is very fine, and the tourist or invalid can always keep profitably employed. If nothing more than the study of the Maoris was available, one should feel well repaid for a few weeks' sojourn here. To see the Maoris cooking by natural steam is a sight not soon to be forgotten.

The baths, pools and springs of Rotorua are of varied composition and temperature, the latter ranging from quite cold up to the boiling point. The baths are given very hot, according to our American notions. It is nothing uncommon to give two baths of a half-hour's duration daily at 104 degrees and upward. The most important waters are heavily charged with H_2S and CO_2 .

Hanmer Hot Springs is another famous resort. I would state in passing that all the resorts are under governmental control. At each bathing

Kelly cures whooping-cough with calcium sulphide gr. j every four hours to a child five years old.—*Med. Summary*. Not enough.

Oxygen has been injected into the veins for asphyxia with benefit and none of the bad effects following air injection.

resort is a government sanatorium and at Rotorua is a hospital run under the same auspices. Private greed will never succeed in cornering the health resorts of New Zealand. The grounds at Rotorua and Hanmer are beautifully laid out, and the sanatoria and bath-houses are commodious and quite up to date. The charges are reasonable, both for living and bathing — much more reasonable in fact, than at American resorts.

At Rotorua are many geysers and hot lakes. The volcanic origin of the country is plainly evident and, as one gentleman whom I met expressed it, one cannot help thinking that Hades is not so far away from Rotorua when he smells the sulphurous gases in the air. At Hanmer Hot Springs much C_4H is given off — probably by the peat bog which underlies the district. This is used for cooking and illumination of the grounds and buildings.

Not far from Rotorua, 114 miles from Auckland by rail, is Teroha, a beautiful little village on the banks of the Thames at the foot of Mount Te Aroha. Great are the beauties and virtues of this township. High, dry and salubrious, the place has an ideal climate, bracing, yet not cold. The springs are 18 in number, and as varied as possible in composition and temperature. So heavily charged are some with sulphur, that it forms a

turbidity in the water and on standing, a precipitate. The medicinal action of the waters of the various resorts is as varied as their composition. Hot or cold springs may be selected according to directions. Skin diseases, rheumatism, gout, neurones of all kinds, general debility, gastro-intestinal and hepatic diseases, renal disorders, tardy convalescence from acute disease, neurasthenia — all these things are likely to be benefited by the baths and waters, singly or combined.

Taken all in all, there is a greater variety of mineral waters and hot springs in this section of New Zealand than in any part of the world. A belt 150 miles long and 30 miles broad in a country of volcanic origin should give a great variety of phenomena, and this is precisely what is done by the hot lake region of the England of the East.

I can sympathize with a fellow traveler, enroute for London, who said, "I have seen Rotorua and its environs many, many times, but I'm coming clear back from London next year just to see it all again. I have been in Switzerland, and that country offers me no inducements for another visit, but New Zealand is different—and better."

How I regretted sailing day—the day which said, "Get up and get back to work, oh! slave."

100 State St., Chicago, Ill.

PILOCARPINE.

By J. T. Anderson, M. D.

Read before the Mississippi Valley Medical Association.



DESIRE to call your attention to the alkaloid pilocarpine and its use in acute febrile diseases. Pilocarpine is an alkaloid with a chemical formula $C_{11}H_{16}N_2O_2$, de-

rived from the pilocarpus pinnatifolius or jaborandi, a South American plant. The hydrochlorate is officinal. This occurs in white crystals, deliquescent, odorless, having a faintly bitter taste and a

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Rickets: Good diet, milk as basis; best hygiene; coolish baths; keep feet warm; iron, phosphorus, cod-liver oil.—Jacobi. Add nuclein.

Spinal Meningitis: Counter-irritation, long tepid baths, faradic brush over affected muscles.—Hirt. Iodoform to hurry absorption.

neutral reaction. This alkaloid was discovered by Hardy in 1875 and therefore is comparatively new to civilized medicine. The maximum adult dose is gr. 1-4.

Physiologic action: Pilocarpine stimulates the peripheral terminations of efferent nerves, going to glands, and first stimulates and then paralyzes the efferent nerves going to structures composed of involuntary muscles and motor nerves. It increases the flow of saliva enormously, the secretion of sweat, and excites the secretion of tears, cerumen in ears, mucus from nose and from bronchial mucous membrane, of gastric juice, intestinal juice and urine from the kidneys. Upon the circulation, vessels become dilated at first, pulse rapid, feeling of heat over the body.

I wish to call your attention to the beneficial effect of this agent in the beginning of all acute sthenic diseases. I desire to impress here that as a rule one initial dose is sufficient to get physiologic action, and is generally all that is needed; but in some diseases in some individuals it is best to repeat daily for the first three or four days; this to be determined by the physician.

In all acute febrile diseases of the sthenic type pilocarpine is indicated in their early stage. It will abort a good many and lighten the attack in all. In what is ordinarily termed a bad cold, acute catarrh of nasal and bronchial mucous membrane, no agent will break it up so quickly as a full dose of this alkaloid. In tonsillitis of any variety the initial treatment should be pilocarpine gr. 1-5. It will relieve the muscular aching and chilliness complained of in this painful disease, and place the patient on the road for a quick recovery by the mod-

erate use of the ordinary remedies. Patients suffering from acute laryngitis either catarrhal or membranous, should be given one full dose of pilocarpine daily for three or four days. The catarrhal cases it will rapidly cure and in the membranous it is a strong blow in the right direction. In acute bronchitis, lobar pneumonia and acute pleurisy, no one agent is so valuable in the beginning of these diseases as pilocarpine in one full dose; it will very frequently abort them, and if it does not abort them it will very materially ameliorate the attack.

In measles when the temperature is high and the eruption delayed, pilocarpine administered will bring the measles to the skin and the respect of the family to the doctor. Also in scarlatina and mumps its early administration is markedly curative.

In the class of cases known to the modern physician as autoinfection, generally associated with lithemia, characterized by general aching, scanty and highly-colored urine, torpid condition of the so-called secretions, pilocarpine to begin with is the remedy *par excellence*.

In malarial fevers, if you find the patient with a temperature above normal and complaining of headache, backache, leg-ache and muscular soreness, pilocarpine should be given, and you can assure the patient that he will be relieved in less than one hour, and placed in a condition for a very small quantity of quinine to effect a rapid cure.

In *La Grippe*, for the early symptoms, pilocarpine is as near a specific as any remedy we have in medicine, completely relieving every ache, dispersing all internal congestions, eliminating all waste products, and placing every cell of the body in good fighting condition, so to



Berezovski praises strychnine hypos in progressive deafness as well as in amblyopia, tinitus and other eye affections.—*J. A. M. A.*

THE SURGICAL CLINIC is a good paper, well worth its price, and I certainly do want it right along.—H. W. Allen, M. D., Newark.

speak, thereby preventing all complications.

In acute nephritis with a temperature of 101 to 103, skin hot and dry, backache, headache, patient restless, pilocarpine is the first remedy that should be thought of and prescribed by the physician.

In erysipelas it is scarcely worth my time to laud this remedy, as every journal of late years, as well as late textbooks, concede pilocarpine to be almost a specific in sthenic erysipelas; and all that I desire is to confirm this well-proven fact.

In acute tuberculosis, where the temperature is high and the patient is suffering from a mixed infection, in the early stage of this condition pilocarpine will render valuable and marked services.

You know there has been a combina-

tion of this alkaloid and carbolic acid put on the market and sold under the name of "Aseptolin," for use in these cases; and it has given good results, far superior to any of the other serums or tuberculins.

Now, gentlemen, I do not wish to be understood that I treat all the diseases mentioned in this paper by this agent to the exclusion of other drugs. Not by a good deal; but as an initial remedy in these acute infections in their early stages, there is no remedy so valuable as pilocarpine. It eliminates through every excretory channel; it drives the blood equally over the body and relieves congested areas; it reduces the morbid temperatures physiologically; it determines leucocytosis and materially aids phagocytosis.

Cornelia, Mo.

MEDICAL CLINIC.

By William F. Waugh, M. D.

Professor of the Principles and Practice of Medicine, Illinois Medical College.

Reprinted from the *Medical Standard*.

CASE I. RAYNAUD'S DISEASE.



William F. Waugh, M. D.

THIS young lady, Mrs. C. B., is 32 years of age. She says that she has had this peculiar blueness of the hands ever since she can remember. She has never felt real strong, but has not had any illness other than her present trouble. She has always been well enough to follow her avocation of a nurse. Her condition has

been gradually getting worse during the last ten or twelve years.

Eight or ten years ago her finger tips first began to get sore. During one month of the summer of '93 they were quite sore and every winter since they have been in the same condition. They are all right now during the summer. Her feet and legs swelled somewhat during the last year. So far as her mother can remember our patient had no unusual blueness at birth.

I would call this a case of Raynaud's disease, not a typical one, however, be-

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Patient using verbenin for epilepsy; no attack since beginning it, which has been several months.—Dr. D. Winton Dunn, DuQuoin.

Silver nitrate gr. 1-2 dissolved in four ounces of water and injected into the bowels, will cure "bloody flux."—B. H. Brodnax.

cause of the fact that the symptoms have practically been congenital. I have not in my reading been able to find any record of such a case.

Raynaud's disease occurs most frequently in women between the ages of 25 and 45, although it may occur earlier and sometimes much later in life, even at 65, but this is the first case, so far as I know, in which the disease was congenital.

When this lady first came to me I noticed that her fingers up to her hands were cold, blue and stiff. They always get that way when she is exposed to cold. Plunging them into cold water has the same effect and they also become blue when she gets excited. Her feet are affected in the same manner. There is a tendency to the formation of little sores and blisters on the ends of the fingers. One of her fingers on the left hand has been sore recently. You can see that the finger nail is deformed. Her hands and fingers perspire a great deal.

There is some anesthesia, but it is not a case of syringomyelia because there is no atrophy of the muscles.

Raynaud's disease has three stages, the first, that of the vasomotor spasm, when the fingers are numb, blue and cold; the second, that of asphyxia, when the vessels are dilated; the third, as Raynaud himself called it, the stage of death, of necrosis, of gangrene. This death is symmetrical, occurring on both sides, both hands or both feet, at the same time. When gangrene occurs the affection is apt to remain limited to one side.

The causes of this disease are practically unknown. You will find that there are numerous records of cases of Raynaud's disease in persons affected with nephritis, with diabetes, hysteria,

chorea, and also that a certain percentage of these cases occur in the course of, or subsequent to, some infectious disease like diphtheria, typhoid, scarlet fever, rheumatism. Some cases are accompanied by urticaria, even giant urticaria.

Hemoglobinuria occurs in perhaps 7 or 8 per cent of the cases. The disease occurs in paroxysms and the gangrene is apt not to occur at all or until a certain number of paroxysms have been held. In this case, while it has occurred in paroxysms, there has been almost a continuous paroxysm. No wonder her fingers are always blue. The remarkable feature of this case is that this lady has had this disease for so many years, and so marked, and yet gangrene has never taken place.

Raynaud first described this case when he was a medical student in 1862. He then called it vasomotor spasm and deserves credit for being one of the earliest exponents of morbid conditions of the vasomotor system. He traced it to pathological lesions occurring in the gray matter of the spinal cord, especially the posterior and lateral portion. There has not much been added since then in the way of pathological findings. The disease still remains a curiosity.

In looking over the literature on the subject I was surprised to see how little is said on the subject of treatment. One or two authors spoke hopefully of glonoin or amyl nitrite. Naturally when vasomotor spasm exists, the first consideration is that most powerful of all relaxants of vasomotor spasm, glonoin. But, it has not been shown to have any influence on the course of the disease itself. One of the curious things noticed in the study of this condition is that other parts of the body are liable to vaso-

Carbolic acid 1 dram, water 1 pint, is the best mouth-wash in mercurial stomatitis and poison oak eruption.—B. H. Brodnax.

There are unquestionably great advantages connected with hospital treatment and the people seem to want it.

motor spasm. Patients sometimes have vasomotor spasm of the arteries of the eye. It has been seen with the ophthalmoscope that the arteries contract to a hair-like size. This lady says that she once had some difficulty of vision for nearly a week which her glasses did not relieve, but it passed off. I think until now she did not associate it with her other trouble. Such a spasm has also been found in the knees, in the fleshy part of the arm and it is usually symmetrical. It is much more common, however, in the fingers than anywhere else.

During the past year I have been treating this lady with hyoscyamine, that most powerful of all the active dilators. Glonoin relaxes the vasoconstrictors while atropine stimulates the vasodilators. I think she has done very well under the influence of atropine (hyoscyamine). She has not had very bad spells and her condition has not progressed.

While taking her temperature one time I found that it was subnormal so that this disease must be added to the list of diseases in which subnormal temperature is symptomatic. During that time I gave her salts of gold, one of the very few agents which increase temperature. The temperature returned to the normal under the influence of small doses of gold.

She has also had her digestion cared for and under the persistent use of hyoscyamine (atropine) she has done very well. The paroxysms occur just the same, but they get well sooner. Atropine is the remedy indicated, and I shall continue the use of this drug persistently for a long time, hoping to gradually wear out the disease. I will, at the same

time, look after her general health in every way.

You will find it stated that hysteria, nervousness, etc., are associated with this disease, but this lady has not a symptom of that kind. On the contrary, she is a remarkably self-possessed, well-poised, even-tempered young woman. Whitlows and felons are common in this condition, but our patient has never had either. But you can see a tendency to gangrene in that spot on her finger. Her arteries are small; I can hardly find the pulse in her left radial. In one case reported by Graham, in which gangrene had occurred, and the leg was subsequently amputated, the tibial artery could not be felt. Even the popliteal at the knee-joint could not be felt. In that case he instituted massage and he found a very remarkable improvement resulting, so much so that he became quite enthusiastic over it. The patient unfortunately was a diabetic and died from that disease. But while he lived the Raynaud's disease was held in check and the patient was greatly benefited by the massage. After an hour's massage the pulse returned and the limb became warm. The pulsation could still be felt ten days afterward.

In addition to the physiologic remedy, atropine, persistent, regular massage of the hands and feet is most valuable. As the disease shows itself more when the cold weather comes on, we shall ask her to have regular massage whenever the disease shows itself.

CASE 2. JAUNDICE.

This boy comes to us with jaundice, which has persisted now for a week. He is fourteen years old and has always been a weakly, dyspeptic boy. There

Since New Jersey repealed the law requiring witnesses to kiss the Bible, perjury is said to have notably increased.

Frankfort-on-the-Main is about to open a post-graduate medical school on American lines, \$500,000 having been raised.

is a loss of appetite, an unpleasant sensation in the stomach, and the mother has noticed that the stools are extremely offensive and clay-colored, the acholic stool which is so characteristic of this affection. The urine is loaded with bile. Patients sick with jaundice are usually sleepy all the time but do not sleep well. They will usually tell you that when they are awake they feel sluggish and dull, but that when they try to sleep they are wide awake. This is the effect of the toxins which are circulating in the blood and act on the nervous system in both ways.

The point that interests us here is to find out why this boy should have jaundice. Let me express my conviction that these attacks of jaundice are in the vast majority of instances of microbic origin. All micro-organisms are more liable to affect weak than strong, robust persons. Take a boy who is naturally sickly, with dyspepsia, whose digestive functions are inhibited and with numerous colon bacilli and other bacteria in the intestinal tract. Sometimes these germs migrate from the duodenum up into the bile passages and set up a catarrh of these passages. The mucosa lining them becomes turgescient and effectually occludes the bile channel so that the bile is retained in the ducts and is reabsorbed into the blood. It appears first in the sclerotics, then in the skin and in the urine. Usually the bile appears in the urine long before the sclerotics are discolored.

I have been impressed with the frequency with which bile occurs in the urine, even in conditions other than jaundice, so that I am inclined to believe that catarrh of the gall ducts, with a certain amount of obstruction and reabsorption of the bile, is a very common affec-

tion. That harmonizes with the observations of Murphy, who found that about one person in ten examined on the post-mortem table has gall-stones. It has always been a mystery to me why, if gall-stones are so common, we so seldom see any manifestations of their presence.

Now, what is the treatment in these cases? It is two-fold: First, to combat this microbic biliary catarrh, and second, to rebuild the strength of the child. We combat the catarrh by cleaning out the alimentary canal. You cannot do much good for the upper portion of the bowel if the lower portion is plugged up. So we clear the intestinal canal with cathartics, or if these are ineffective we give cold enemas, which is one of the most certain means of stirring the bowel into activity, and the bile will soon reappear in the stools.

I do not know that there is much choice of cathartics. Sodium phosphate has the preference and is usually used, but I do not know that it is better than other saline laxatives. Any one of them can be given in small, oft-repeated doses until the bowels move freely.

Then what? I believe that there are certain remedies which have a specific action on biliary catarrhs. The first of these, in my opinion, is sodium succinate. To adults 20 grains a day; to this boy 10 grains, 2½ grains before each meal and the fourth dose on going to bed. *Dioscorea villosa* has a good deal of reputation in this line. The active principle is a resin named dioscorein and it is the most eligible form in which to give the drug. The dose is one-third of a grain four times a day. I would give this to the boy and let him continue it as long as the bile shows itself in the urine.



Hippocrates said all men are born equal, their mental differences being due to the different foods they consume.

Elmer Gates claims the brain may be built up like any other machine, and genius need no longer be an accident.

You will find that when you have cleared the alimentary canal and stopped microbic action, you have gone a long ways toward doing something. We can hardly decide whether his weakness is the result of the microbic activity in the bowel, or whether the microbic activity is the result of his weakness, but we will continue this treatment as long as there is any evidence of microbic activity and at the same time strengthen him by a course of tonics.

In a case like this I prefer old-fashioned remedies. I cling to calcium lactophosphate, which is most helpful and most likely to be absorbed, and cod-liver oil. As soon as this boy is better, when this jaundice has disappeared and he begins to be hungry again and take an interest in what is going on around him and what they will have for dinner, then I should commence giving him a little cod-liver oil. Now do not waste time with the mixtures of the druggist. They look good and the druggist is usually proud of his emulsion. He likes to show you what a good emulsion he can make and how permanent it is. That is well enough, but you do not want it. I never saw a child that would like it. Instead of that take the pure, dark cod-liver oil, an oil that has all the smell that you can get. Do not get a "pure," odorless, tasteless oil, but get all the odor and taste you can get. In Philadelphia I sent my patients to shoe-blackening factories where they got the cheapest grade of cod-liver oil, a dark brown, rancid, very odorous oil. After they had been taking this for a little while they would not exchange it for the nice-looking, amber-colored oil the druggists want to sell you.

Mix with it a quantity of syrup of orange, shake it up and let the boy take

half a teaspoonful, gradually increasing the dose to one teaspoonful. He may not like it at first, but he will learn to like it before he has used a bottle. Reduce the syrup of orange each time the bottle is filled and in a month or so you can give him the pure oil and he will take it and like it. I did that with my own children and they got so fond of it that it was no longer safe to leave any kind of a bottle standing around for fear they would take it, thinking it was oil. This boy should have that right through the winter, and if his bowels are kept open he will be a strong and well boy in the spring.

CASE 3. DYSPEPSIA.

This patient complains of dyspepsia and says that he has considerable trouble with his bowels, has belching of gas and when he gets up he is dizzy. This is a vertigo arising from the stomach, very common in cases of this kind, and I am afraid that he will not get better.

The indications for treatment are very simple. In the first place we must regulate his bowels. You cannot give the same remedies to a man of his age as you would to a boy. He says he is sixty-five years old. You will find that the salines do not act so well in a man of his age. You must give something to act more directly on the liver. So that my first prescription would be podophyllin, a wonderful remedy in small doses, but a very bad remedy in large doses. It gives an edge to other remedies, but it is not a good remedy to give alone. It takes fourteen hours for it to act and you should not give more than one-twelfth of a grain at one time. It should be given in the evening after supper, and in the morning, immediately after rising, while still fasting, a small dose



Ataxia: Phenacetin, antipyrin, methylene blue and similar preparations, are useful as alternates for the pains.

Ataxia: In the majority of cases lead up to morphine by the use of heroin gr. 1-6, dinin gr. 1-2 and codeine gr. j.—N. W. Lancet.

of one of the salines is given. I prefer, in these cases, to give the salines concentrated, and one teaspoonful of sodium phosphate answers very well. If that is not enough, give two teaspoonfuls the next morning. It will act immediately after breakfast.

Then regulate his diet. As a man grows older he loses his teeth. This is one of nature's hints that we do not need teeth quite so much as we did when we were younger. It is a hint that we should lessen the intake. A man who wants to live long must limit the amount of food he takes. He must bank his fires. So we will say to this man that he must only eat just enough to satisfy hunger and never enough to completely fill his stomach so that he will be uncomfortable. He must not drink while eating, must chew his food thoroughly, must not dip his crusts into his tea or coffee to soften them, but must chew them until they are ready to be swallowed. He must not take any cold drinks with his meals. After he is through eating he can take a cup of tea or coffee or anything he likes, but it must be warm, not cold.

If he does that and takes such food as stale bread and black bread, eating things that have a "chaw" to them, things that will keep him chewing a good while, his condition will gradually improve.

It would be wise for him to take a little artificial digestant, and in a man of his age the best is hydrochloric acid, ten minims of the dilute acid, which may be increased to twenty or thirty if he can stand it. In cases of this kind there is always a certain amount of dilatation of the stomach and for that condition we have one remedy more valuable than any other, and that is berberine, one-sixth of

a grain one hour before each meal. Berberine is the very best astringent for a dilated stomach, but a slow medicine to get in its work. When a man is over forty, do not expect remedies to act at once. We should not look for much effect before a month, but then his stomach will be reduced at least 30 per cent, the mucus will stop discharging from the walls of the stomach, he will have a healthy appetite, and will feel good. If he sticks to the diet I have outlined he will not have any dyspepsia, but if he fills up with a big dinner he will surely go right back to his old trouble.

CASE 4. GUNSHOT WOUND OF THE NECK.

This boy was playing with a revolver three weeks ago and shot himself in the neck, not knowing that it was loaded. When I arrived at his home I found him bleeding profusely, face pale, lips blue. He was nearly exsanguinated and the blood was still flowing.

The indications for treatment were perfectly plain. What little blood was left in his body had to be gotten away from the seat of injury as soon as possible. So I gave him glonoin, 1-250 of a grain, followed by hyoscyamine and morphine. The blood was drawn away from the bleeding spot and the paleness disappeared. The atropine rendered the action permanent for about four hours, during which time nature had a chance to do her work and stop the wounded vessels by the formation of a clot.

The next question was as to the fever. The temperature rose to nearly 101 degrees F., but under the influence of aconitine, strychnine and digitalin the fever was kept down. The next danger was from suppuration, so he was promptly put under the influence of calcium sulphide, given until he was nauseated a

Ataxia: Postpone morphine as long as possible and give the smallest dose that will give the relief necessary.

Ataxia: Sometimes the hypodermic use of strychnine, gr. 1-20 up to gr. 1-4 once a day, will act as a sedative.

little. The odor of the drug, that of a rotten egg, in the breath or perspiration, indicates saturation. Nausea also indicates saturation. Then the dose was lessened and the result was that not a drop of pus formed.

When the wound was dressed there was not a finger or probe allowed to come in contact with the wound, nothing but sterilized gauze. The dressing was left intact for nine days, when a little granulation tissue had formed. The dressing was again applied and kept on for a few days before it was finally removed. You see how well the wound looks. The bullet is still in there. I think it is under the mastoid process, but as it is not doing any harm it will be allowed to remain there. Prof. Eads dressed the wound after the first day.

I show you this case as an illustration of what alkaloids do for surgical cases, and also as an illustration of some exceedingly nice surgery. Surgery does not always consist in doing great and wonderful operations. Judicious letting alone is one of the most valuable lessons

you can learn, and in dealing with bullet wounds, so long as the surgeon keeps his fingers and probes out of the wound, he is doing good surgery. Bullet wounds are usually aseptic and are made septic by probes and fingers. It is not incumbent on the surgeon to get the bullet out because after it is once in it does not do any further harm. Let it alone. It is time enough to get it out when it shows signs of making trouble. We have the x-ray to locate the bullet for us then, and it can be removed much more easily and with less danger of infection.

A rather singular fact is that this bullet should go into this very dangerous region, the neck, and avoid all the vital structures and cut its way through the soft tissues, just missing the jugular vein and the carotid artery. Judging from the amount of blood that was lost I think the bullet cut through the external jugular vein. It missed the pneumogastric nerve and the recurrent laryngeal, and is now lodged somewhere behind the mastoid process.

Chicago, Ill.

DOSIMETRY.

By W. L. Coleman, M. D.



BEFORE dismissing general medicine and dosimetry, subjects of my last paper, I wish to reiterate with emphasis, that in my opinion Burggraave and Hahnemann were beyond question the two greatest medical reformers in the whole history of medicine, and that their labors resulted in more

real, genuine medical progress than that of all who preceded or followed them. Their theories, experiments and teachings were the first to elevate medicine from the realm of empiricism and the paths of uncertainty and guess-work, to the rank and dignity of an exact science, an honor which it never rightly and truly possessed before; and my strictures upon the so-called medical science of the past are not applicable to the methods of these eminent men.

But the full benefit and progress which

Metatarsalgia: In cases without bone lesion Verger got relief from cocaine injections, 16 m. of 2 per cent solution.

Whooping-cough: Twice daily place a dram of pyridine in a saucer at the foot of the patient's bed; bromides by mouth.—Mya.

medicine should have derived from their labors has as yet never been attained, for several reasons; the senseless and unreasonable objection and opposition, and sometimes persecution, with which authors of new theories, truths and inventions are almost universally met, prevent the acceptance and immediate success of their new ideas and discoveries; so that, as said, it requires time and more light upon them before they are fully understood and accepted as established facts.

Burggraeve lived to enjoy the pleasure and satisfaction of seeing his method made known and eagerly accepted, by the truly progressive and up-to-date physicians of every civilized nation upon the globe; a privilege which very few distinguished authors have the good fortune to enjoy. I had earnestly hoped and prayed that this grand old man and distinguished professor of Ghent would be spared to become a centenarian, although there was scarcely a reason to hope for this, and not even in early life that he would live out man's allotted time of threescore years and ten. Born, as it were, an invalid, from inheriting a strangely-marked gouty and rheumatic diathesis from all his ancestors for several generations, he suffered with these diseases, and operated upon three times for stone in the bladder, prior to his evolution of his wonderful method of medication, Dosimetry, by which he not only prevented any further formation of calculi, but restored his health and strength, and prolonged his life to the remarkable age of 96 years and some months, and wrote a brochure upon "Longevity" and how it could be attained.

What splendid testimony and proof of the efficacy of his own wonderful method of medication, which is now being rapidly demonstrated by thousands of intelligent practitioners all over this broad land, to be the quickest, pleasantest, surest and most truly scientific method ever devised and practised, in spite of the puerile objections of many of the hidebound codists of the schools, who do not seem able to understand that it is in no way or sense irregular.

I regard it as one of the grandest and most useful discoveries of the nineteenth century, and as exhibiting the largest stride of real medical progress in all of its important branches, not only in the past century but in the whole history of medicine from the fathers down to the present time.

Hahnemann was not so fortunate, but he encountered opposition and even suffered persecution, to the extent that he had to leave Leipsic; and but for the patronage and protection of one of the royal family his system might have failed, although he was said to have been a man of remarkable courage and perseverance, and sacrificed his immediate interests for the sake of his convictions, and performed many painful experiments upon his own person in order to learn the true physiologic and therapeutic effects of various medications. While I have no faith or belief whatever in his doctrine of "*similia*," possibly on account of my ignorance of it, yet I concede him to have been one of the greatest medical reformers and benefactors of his race that ever lived, and honestly believe that his system saved thousands of lives during the last half of the nineteenth century, that would otherwise have been legally murdered by regular medicine.



Phthisis: Cybulski injected arsenic and carbolic pushed up to toleration, with asserted benefit in 40 per cent.

Mumps: Grande treated by applying an ointment of guaiacol 5 per cent rubbed into the parotid region several times a day.

He affords a most striking example of how carelessly we read, and thus often fail to see and profit by, the principal and most valuable truth enunciated by an author. At least such was my case, for not until I adopted Dosimetry, with its exact methods and positive results, did I see and clearly understand the grandest and most useful truth taught by Hahnemann, viz., "That every remedial agent when administered in heroic doses, or pushed to the extent of causing excessive physiologic effect, loses its therapeutic property and becomes truly a pathogenetic or disease-producing agent."

Now, to my mind, there is no other truth in the whole domain of medicine more thoroughly established beyond all possibility of refutation than this, and yet I do not think I exaggerate when I say more than half of the practitioners of the day deny it, either from want of thought and proper observation or from ignorance of physiology and therapeutics. I have learned since retiring that it is said, to our shame, by professors and educated men of all classes, that there is more ignorance of physiology among medical men than any others who profess to have a liberal education, and I fear that there is more truth than poetry in the charge. It is also said that only the superficial and indolent of the profession adopt Dosimetry, and that all they want to know is what is good for this or that disease, not bothering about the whys or wherefores. A more ridiculous and baseless charge never fell from the lips of man before, for Dosimetry excites a craving and intense desire for a rational explanation of the physiologic and therapeutic action of each medicament; and of the thousands of letters I received from physicians, in every state in the

Union, when I first began to write about Dosimetry, there was but one from a man of that character, who wanted to know what granules were good for some particular disease, and sent fifty cents to pay for them.

Dosimetry is not suited to or intended for such minds, nor is the practice of medicine by any method whatever. A thorough knowledge of these important branches of medical science, physiology and therapeutics, is essentially necessary for one to become a successful alkalometrist, and if he who investigates and adopts the method finds himself rusty in them, he will put in every spare moment studying and reviewing them. The study of them in connection with the practice of this method, reveals new, grand and important truths, never before observed, that will increase his love and enthusiasm for his profession; and great will be his satisfaction upon finding that he can at last produce invariably exact and positive results by means of the arms of precision used in this method. Then, as every true physician will do, with no thought or fear of a diminution of his income when he succeeds in impressing upon his clientele the necessity of sending for him at the beginning of every morbid disturbance, if they would save money and time and avoid suffering and danger, he will find, to his delight, that he can certainly and unfailingly abort and jugulate any malady whatever that threatens. This is an incontrovertible truth, in spite of the positive assertions of some of the CLINIC's contributors that it is an impossibility, and cannot be done; for it has been done thousands of times, and can be easily done again by any physician who is at all qualified and competent to practise medicine. If it is not

Some enthusiasts go so far as to claim that it is an advantage to be born of tuberculous parents—immunity!

The plea of "vital force" used to "explain" anything whose reason is not obvious is very objectionable.

true, then there is not a truth in medicine, and medicine is a greater humbug and fraud than I have said, and should be regarded as such an abominably dishonest and murderous trade that it should be abolished, and prohibited by law in every civilized nation.

In June last we had quite a little epidemic of influenza here, which terminated in pneumonia in numerous cases. My oldest son with whom I am living is noted for splendid health and robust constitution, never having been sick since he had yellow fever at the age of ten, but while making speeches in favor of prohibition in the surrounding country at night, which was very different from his regular habits, he contracted a very severe cold and bronchitis. He would not take time to be treated, and after ten days or two weeks of suffering with a very distressing cough, the lower lobes of both lungs suddenly became intensely congested, accompanied with a temperature of 105, pulse 140, with much discomfort and suffering. No intelligent physician will deny that here was a violent double pneumonia impending, and that this congestion if not speedily relieved would soon terminate in inflammation of the lung substance.

The principal objects of the true Alkalometrist are:

1. To prevent the complete formation of a disease if he can see the patient in time.
2. To abort it in the dynamic stage.
3. To jugulate or cut it short after it is fully established, in order to prevent organic changes or damage.

Now although the morbid disturbance resulting from the exposure and cold in this case had just passed through the dynamic stage, I determined if possible

to bring about quickly a resolution of of that terrible congestion before inflammation began, and thus prevent, not cure, a pneumonia. Happily I accomplished this easily and pleasantly, by means of the ever-reliable defervescent, aconitine, veratrine, digitalin and the vital incitant, *par excellence*, strychnine arsenate, Burggraeve's *cheval de bataille* of Dosimetry.

Treatment began at 8 p. m., Saturday, and by 3 a. m., Sunday, the fever disappeared completely in a copious perspiration, and at daylight his lungs were free, and clear of all signs of congestion.

I then began and treated him actively, giving Triple Arsenates, three granules each of iron and quinine and two of strychnine, every two hours during the day, and as the cough continued I gave occasionally a granule each of iodoform, cicutine and calcium sulphide, which by the way is the best combination for a bronchial or pharyngeal cough ever administered. Now if I had treated my son as I had been taught, and had been accustomed to treat such cases for thirty years, that is, by giving him a course of calomel and Dover's powder that evening, he would undoubtedly have had next morning a well marked case of double pneumonia, with all of its consequent suffering and danger; which in his case meant the possibility and great probability of its lighting the fires of tuberculosis from an inherited tendency. But thanks to our reliable and positive method of medication, he escaped these and also the usual confinement from this disease to a sick-bed of weeks.

Without the least spirit or desire of boasting, I will say, while this is a single case, yet it is a typical one, of the invariable success with which I have treated all similar cases during the past



A Denver Eddyite died, in a meeting of the congregation who did not believe in the existence of disease or death.

Miva says the hemostatic properties of gelatin were known and utilized by the Chinese over 1,600 years ago.

fifteen years, in which I practised Dosimetry; and there certainly must have been the abortion and prevention of pneumonia in some of them, for from having had twenty to forty cases of pneumonia every fall and winter during the previous thirty-five years of "allopathic" practice, I have not had a single case among my regular clientele in those fifteen years, and have treated only one genuine case in the same period, and that was in the stage of hepatization when I first saw it.

But I must close this my final paper upon this intensely interesting subject, Dosimetry, for I see I can safely leave it in far better hands, the two wide awake, progressive editors of the incomparable and ineffable CLINIC, with their corps of like contributors, who monthly sing its praises and show forth its simplicity and vast superiority over all other methods, in better style and language than I can. So in dismissing it finally, my last say with its distinguished author is, every intelligent, honest and true physician should know that he can have neither motive nor pretext in refusing to investigate and adopt this method, which cures according to the oft-repeated precept of Celsus, *cito, tuto et jucunde*. But I fear for this very reason, as I have told a number of old fogies (who, admitting that it was regular, scientific and unobjectionable, yet refused to adopt it because they were too old to change), that they and many others refuse to adopt it because it prevented disease and cured so quickly, they feared it would deprive them of business and lessen their income. Hence, as I once said, I have no hope of its being universally adopted in America and England, unless those two nations, who

claim to be in the van of civilization and enlightenment, would condescend to learn wisdom from the meek-eyed, peace-loving, world-abused, "heathen (?) Chinnee," who regulates and controls the practice of medicine by rigid laws, paying the physician a regular salary and making it his life-business to look after and preserve the health of those assigned to him, and not only paying nothing for treatment when any of them are sick but also docking his regular salary. What a radical change in the ranks of our profession would occur if such a law would be enacted and enforced in this country. What learned and accomplished physiologists and therapeutists would they become, and how earnestly and eagerly would they investigate and adopt Dosimetry, or any other better method, if such could be evolved, for the prevention and rapid cure of disease.

I know this paper has long since passed all reasonable bounds in length, but as I am winding up my life work, and will soon cease forever to try the patience of the readers of the CLINIC, I hope I will be pardoned and permitted to recur once more to that grandest of all medical truths taught by Hahnemann, in order to say I would die happy and contented if I could be the humble means of pointing and riveting the attention of every member of the profession in America to this truth, and succeed in impressing upon them its vast and vital importance both to them and their patients. I said I believed that Hahnemann's system had saved thousands of lives in the past century; and I now say, if statistics had been kept I believe it could be shown that the abuse of those two invaluable medicaments, calomel and quinine, had



Lecithin, the chief phosphorous constituent of food, is decomposed into choline and glycerophosphoric acid in the body.

"Science is a lucid madness occupied in tabulating its own hallucinations." Quite a Frenchy bit of nonsense.

slain during the same time more than the sword and left their wounded and maimed victims, speaking figuratively. who escaped immediate death, to drag out a miserable existence far worse than that of the wounded and maimed of battle. I saw so much of their destructive effects in the practice of my old preceptor, that I swore I would never give a dose of either; but I learned at college that I was wrong, as I then thought, and went so far to please the yellow fever expert of the faculty as to recommend in my thesis 20 grains of each, as an initial dose in the treatment of this disease. I never gave that dose but to one unfortunate victim of yellow fever, and before

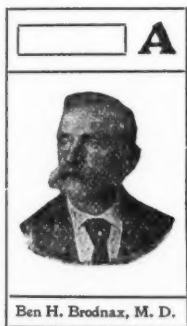
my first epidemic closed I learned that there was not only no indication for their use in that disease, but that they positively deprived the patient of the last hope and chance of recovery.

This reminds me that I am compelled, much to my regret, to defer to a separate paper the consideration of the principal part of my subject, Yellow Fever, and the role the mosquito plays (supposed) in connection with it. Unfortunately for the future glory and renown of the authors of that absurd theory, they are too late in propagating it, as I will show beyond controversy in my next and last paper.

Huntsville, Texas.

A CASE OF CHRONIC ENTERITIS WITH DYSPEPSIA.

By Ben H. Brodnax, M. D.



LADY called on me some time since, and stated that she was suffering from fermentive dyspepsia; sometimes could not retain food for more than an hour before fermentation would set in, belching, and occasionally nausea

and vomiting, the matter vomited being the half-digested food, sour; also that she could not at times prevent her bowels from acting and that it came on suddenly; that she was almost afraid to go into company for fear she would involuntarily pass her bowels, and that the "odor was horrible." Several times in the last two years there had passed partially, and she had been compelled to pull away out of the anus, a thin white membrane about

two inches wide and five to seven inches long. Sometimes the bowels were loose, at other times constipated, and she was compelled to take some kind of laxative until it had become a necessity for their action. At times there passed a fluid substance resembling thin cream or gruel, that smelled badly; also stated that she had tried several doctors with no improvement. Could I do her any good?

I told her that it looked a little gloomy, when so many first-class doctors had failed, to expect a "backwoods" to be of much use, but I would try my best.

Now for treatment, I put her on bismuth subnitrate gr. 5, salol gr. 3, and zinc sulphocarbolate gr. 2, in capsule, before each meal and at bed-time; and she took during the two months 200 capsules. As an enema by catheter high up 4 ounces of the following, once daily: Witch hazel bark tea, with one-half teaspoonful of alum dissolved in the tea, warm. For the indigestion Caroid, two

In 1840 Bodington said cold is never too intense for a consumptive. Patients were driven from his sanatorium.

MacCormac in 1855 advocated fresh air in tubercular phthisis, and the Royal Society refused the vote of thanks.

tablets immediately after each meal, and for fermentation and belching a tablet of the W-A Intestinal Antiseptic.

I kept this up for three months, with the result that she can now eat anything she wants, and digest it, can retain feces, has no unpleasant odor, and all the unpleasant symptoms are gone. At times she says that she cannot digest readily cane syrup, and it will ferment; for this trouble I put her on the W-A oxgall compound, with improvement; and at the suggestion of Dr. Waugh put her on nascent chlorine. The result to date is that she rarely suffers from eating cane syrup. Considering that at about 60 odd years of age she can eat and digest any kind of food, including candy and honey, it looks as if, in this case at least, the backwoods treatment had the advantage.

It is more of a pleasure also, that the lady is one of the gems of her sex, beloved by all who know her for her excellent qualities.

Nascent chlorine I made as follows: Put one dram of powdered chlorate of potash into a four-ounce bottle, and added a dram of strong muriatic acid; when the bottle was full of the fumes of the mixture filled with water, stoppered tight and set away; removed the cork occasionally and shook till a clear solution and no sediment. It is certainly, given in teaspoonful doses in three ounces of water, a little sipped every few minutes, in case of eructations an hour or two after eating, a most pleasant remedy.

Brodnax, La.

—:o:—

To restore one of those dear old ladies to good sociable relations with her stomach is surely a pleasant experience, and



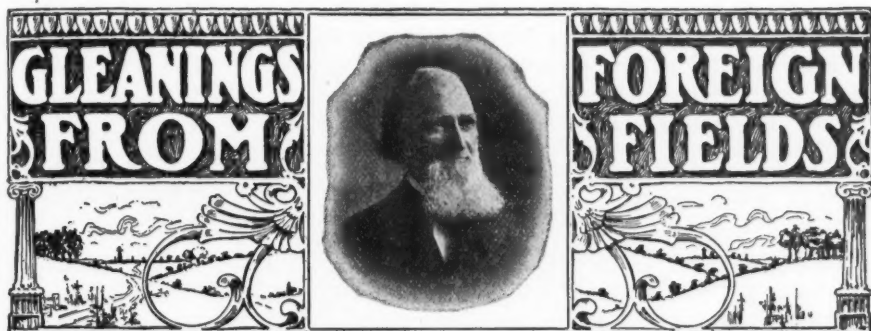
The motto of Latham's prize essay on Tuberculosis was: "Give him air; he'll straight be well." That sums it up.

one for which the doctor earns a hearty God bless you.—ED.

Moeller (*American Medicine*) says that there is no better way of wiping out quackery than popular lectures on medical ethics, etc. Just turn back a few years and find an editorial of the CLINIC advising the establishment of lyceums in country towns, and the prominent part that should be taken by physicians in that movement. Not alone for the selfish object of instructing the public as to the claims of the profession, but to elevate the moral tone of the community, and afford a legitimate outlet to the energies, and the desire of all properly constituted human beings to enjoy the society of others. At present the saloon is the only place available for the men; while the women—God bless them—what have they except to sit about on the doorsteps and gossip? A town hall, a gathering place for all the citizens, should be the first public building in a town, and the first duty of the town officers should be the direction of this institution. And in this the doctor above all others is fitted to take a prominent part.

A prominent homeopathist of Indianapolis was asked to address the Sydenham Society in the Medical College of Indiana, on homeopathy. He was received and heard courteously. A circular recently sent to regular physicians in Ohio, asking them if they favored the establishment of a chair of homeopathic therapeutics in regular colleges, was replied to in the negative by most doctors over 40, and in the affirmative by most of those under that age.

"From the thralldom of dogma, and the limitations of the physic bottle, Good Lord deliver us."—Hospital.



Translated by E. M. Epstein, M. D.

DIRECT TRACHEAL ANESTHESIA.

We all know the difficulties the surgeon has to contend with in anesthesia in operations on the face, in the mouth, in the fauces, and nose. The space is crowded by the operator's instruments, the sponges, the hemostatic forceps and the anesthetizer's napkin, mask, cone, or the like. Often, too, blood finds its way into the patient's throat and dangerous strangling or interrupting vomiting ensues. Now all these and more annoyances, too numerous to be mentioned, can be safely avoided by continuing the anesthesia through a flexible tube introduced into the trachea after a preliminary usual anesthesia. Then another tube, preferably a flexible metallic one, with a funnel at one end, and the other end having a glass tube securely fastened into it, which fits in well into the flexible tracheal tube, through which apparatus the patient now breathes and through which also he is anesthetized with a few drops of the anesthetic dropped on a cloth. The anesthetizer stands to one side, the operator has his field clear before him. He can use any gag he likes; he can tampon the fauces completely around the breathing tube,

and not a drop of blood will enter either œsophagus or larynx. Should there ensue an inclination to vomit, all that is necessary is to press once or twice against the gullet, and the inclination is stopped.

Has this procedure been tried? Yes, *probatum est!* There are articles about it in the *Deutsche Medizinische Wochenschrift*, No. 30, 1902, and in the *Therapeutische Monatschrift*, October, 1902, pp. 507-12, and *Muench Med. Wochenschr.*, 1902, No. 35, in which numerous cases are given in detail where this astonishingly simple and safe method is used.

DIONIN AND IMAGINATION IN MORPHINE DEHABITATION.

Dr. Wilhelm Deutsch of Vienna, Austria, has the following to say about the subject in the title above in his work: *Der Morphinismus, Eine studie von Dr. W. D.—, Enke, Stuttgart, 1901, p. 84.*

I could make no use of Dionin in withdrawal treatment, although it is recommended by Dr. Fromme. I have tried it, however, in two cases of withdrawal

against insomnia, and discovered that it can be well used to deceive the patient, because, when you inject hypodermically some centigrams of a 3 to 4 per cent solution of Dionin, the morphinist gets a similar, but stronger cutaneous sensation, which he is accustomed to get often after morphine injections. Results I saw none even after large doses, of which I wrote in my article about it in the *Wiener Medic. Wochenschrift* in 1899. The value of the effect which the imagination has in the success of the withdrawal cure, is a great one. I became convinced of this by the facts of a case which an apothecary of this city related to me. A physician got from him daily one gram (= gr. 15) of morphine for his own daily consumption internally, from which he debilitated him completely. When the daily dosage of morphine became smaller, the apothecary supplemented the deficiency with quinine, and continued so from day to day until the physician took quinine for some months. The apothecary then informed the physician that he was cured of the morphine habit, and that he took quinine instead of it for some months.

UTERINE INFECTION AND MAMMARY ABSCESS.

Porter relates in the *British Med. Journal*, 1902, April 12, two cases of high puerperal febrile temperature, which disappeared after an abscess had formed itself in a mammary gland and was evacuated. In both cases there were adherent placenta, which had to be removed manually, and the lochia were malodorous for some days. The first patient died in a subsequent confinement under high fever, and no abscess was formed.

Gray reports great improvement in a case of urethral stricture from the use of thiosinamin by the mouth.—*Merck's Arch.*

Porter assumes as likely that by means of the mammary abscess there was an absorption of the poison from the infected uterine mucosa. The absence of an abscess in the last case was, therefore, of ill foreboding.—(*Ibid.* p. 479.)

SPASTIC OBSTIPATION AND SPASMS OF ABDOMINAL AND CRURAL MUSCLES.

On November 6, 1902, Dr. A. Bum presented to the Society of Internal Medicine in Vienna, Austria, a candidate of philosophy, 22, who suffered from spasms of his abdominal muscles and of the extensors of both lower extremities and of spastic obstipation. The patient is suffering since two years from constipation and spasms of the above-mentioned muscles, compelling him to assume a kyphotic posture of the body, from oppression in the head and pains in the chest, back and abdomen. Cathartics of every kind were of unreliable effect. Examination revealed symmetrical spastic contractions of the recti, obliqui, and quadricipites muscles (of abdomen and leg). Sensitiveness to pressure on the spinal processes of the first two lumbar vertebrae; slight increase of reflexes from the abdominal coverings and patella and foot clonus; electric and mechanic irritability of the musculature not altered. Surprising is the remission, although not the entire cessation, of the muscular spasms by diverting the attention of the patient with conversation and with movements, which like bending backwards and flexion of the knee would not be possible under persistency of the spasms. There was dullness on percussion over the descending colon. At times there could be demonstrated a rope-like con-

Faber says many symptoms usually attributed to the stomach are really due to disease of the intestine.—*Phila. Med. Jour.*

traction of a portion of the intestine that could not be kneaded (Sohlern) and which corresponded to the descending colon; all these are symptoms characteristic of spastic obstipation. The relative effectlessness of the cathartics is another proof that we have here that form of the ailment. The speaker arrived, by exclusion, to the assumption here of a functional character of the muscular spasm. This diagnosis agrees with the speaker's experience in cases of spastic obstipation in neurasthenic and hysterical individuals. The speaker found in the atonic forms of habitual obstipation, especially in women, that there is, as part of Glenard's complex of symptoms, a relaxation of the abdominal muscles, but in the greatest number of spastic obstipations in men, especially those who are mentally overburdened neurasthenics, and whose abdominal muscles are powerfully developed, that touching or palpating these muscles produces strong contractions of all the abdominal coverings. The case which the speaker presented to the society was to be regarded as one with exaggerated symptoms that are rarely seen.

Docent Dr. Gust. Singer made the following extended remarks: "Spastic obstipation is an affection that may be met with in otherwise healthy individuals, but who have been mentally overworked, and it may occur also in nervous and hysterical persons; and the characteristic of the ailment in either of these is that cathartics are ineffectual in them, while narcotics operate favorably. The speaker distinguished a symptomatic form of this ailment from its idiopathic form. The former accompanies diseases of the genitals, rectum, anus, in oxyuris, renal colic, hypochondria, masturbation, inter-

rupted coitus, meningitis and tabes. The main contingent of idiopathic, purely nervous cases of obstipation comes from hysterical and neurasthenic individuals. The symptoms are: Disturbance of gastric digestion, pains radiating from the umbilical region, pains in the coecal region and in the left hypochondrium, very small stools, difficult defecation, but at times abundant passages without a diarrhetic character at short intervals, objectively there may be a dislocation of some of the abdominal organs. The colon is in parts, mostly in its flexures, or in its entire length, contracted like a rope and the contractions may change from place to place. In severe cases of obstipation the symptoms may simulate intestinal occlusion. Most of the cases run into a chronic torpid form. The seat of the spasm is frequently in the rectum. Digital and specular examination of the rectum is very important in these cases. In the purely nervous forms the tightening of the external sphincter around the finger will be clearly felt. The feces may be pultaceous or scybalous and in very pronounced cases they may be as thin as a lead-pencil, tubulated, or flat as a ribbon and mixed with mucus. Not rarely, too, hemorrhages may be noticed which may cause suspicions of neoplasms. As a pathogenetic cause of this disease we must consider a disturbance between the constricting and dilating impulses in the movements of the intestines. A plus in the impulses which produce contractions is explained by either an increased irritability of the constrictors, or a laming of the dilators, which irritable condition is propagated *per contiguitatem* or by an irritation of the intramuscular ganglia. Similar spasms occur also in the smaller intestines.



Chauffard says that cirrhosis with ascites may be cured by elimination through the kidneys and bowels.—*La Sem. Med.*

Longuet advises surgic treatment for appendicular dyspepsia, gastro-intestinal symptoms from chronic appendicitis.

The diagnosis of enterospasms is often very difficult and a demand for a differential one will frequently occur between it and fecal colic, wind colic, chronic lead poison, gastric spasm, invagination and enterostenosis. In obscure cases things may not become clear until after long and repeated observations. Resistences in the intestines occurring at different times and places (contraction swellings), absence of strong meteorism and visible peristalsis speak against occlusion and real stenosis, and in favor of spasms. An examination under chloroform narcosis may become necessary.

The prognosis is always a favorable one, although the suffering may be very severe. As therapeutics we may consider narcotic preparations, especially belladonna, *per os*, or in suppositories; protracted application of heat locally, warm sitz-baths, hot injections of aromatic infusions, or of oil, measures against the nervous constitution. Cathartics, massage, and electricity are counterindicated. Lastly the speaker recommended the use of rectal bougies as specially useful.

Docent Dr. Schwarz called attention to the fact, that spastic obstipation occurs often in strong smokers and they improve when they give up smoking.

Court Councillor Prof. Nothnagel remarked that spastic obstipation may occur for a few days when defecation is prevented by external causes. It arises from an influence on the central nervous system but local disturbances too in the innervation of the intestines are not to be excluded. In spastic ileus vomitings of formed feces were noticed in a number of instances. In these cases there was either an error, or a fraud. In one case the vomitus consisted of curdled milk

tinged yellow with bile, and passing through the cesophagus was formed in semblance of formed fecal matter. But it is true also that in consequence of a rapid antiperistalsis, which is very possible in hysterical persons, there may be vomiting of real formed fecal matter.

Dr. S. Federn regards spastic obstipation as a phase of intestinal atony which he divided into three stages, viz., insufficiency of the intestine, obstipation, and partial atony, which stages may alternate with each other. The spasm is not the cause of the obstipation but the residual feces is the cause of the spasm. The beginnings of partial atony are often overlooked. Dr. Federn recommends percussion of the intestines which in the beginning of the trouble gives better information than palpation.—*Ibid.*, No. 46, page 2, 193.

SPASTIC MYDRIASIS FROM A FOREIGN BODY IN THE EAR.

Bandelier relates the following case in *Muench. Med. Wochenschr.* No. 21, 1902.

A patient with incipient pulmonary tuberculosis complained of a continued dilation of the right pupil. Examination showed a circular pupil centrally situated; dilated as compared with the other pupil; reaction, both direct and consensual, very sluggish, less so on accommodation and convergence; everything else normal. In the absence of any indication lues and tuberculosis were considered. Examining the right ear there was found a plug of inspissated cerumen, which had a glass bead imbedded in it and which was in the ear some months. Next morning the width and reaction of the pupil were normal

Thompson and Love tried salol, gr. 60 a day, in smallpox, and found the mortality and severity unaffected.—*Glasgow Med. Jour.*

Chancroids: Wash with boric lotion, dust with iodoform deodorized with coffee, carbolic or mint; silver for slow healing.—Renault.

and remained so. B. explained the case as follows: Dilation of the pupil is caused not only by an irritation of sympathetic fibers which have this dilation directly in charge but also by fibers that go to the plexuses that preside over the vascular system. To the cervical part of the sympathetic belong the vasomotor branches for the vessels of the external ear and the drum cavity. It is possible, B. thinks, that the intervention of the ramus auricularis of the vagus comes here in play, because on the irritation of it the vessels of the ear become contracted reflectorily. The case in point is, therefore, important as a pointer where to look for a one-sided mydriasis.

DIALYZED DIGITALIS.

Senator declared in the *Berliner Medizinische Gesellschaft*, May 28, 1902, that this preparation acts better than many of that kind. (This would have left a saving point for that good man's opinion about digitalin amorphous, Merck, but, alas, he adds.—Dr. E.): "Otherwise the infusion and the powder act most effectually." Thus it is written in the *Therapeutische Monatshefte*, p. 472, Sept., 1902. But it just and very often happens that great men make great mistakes. We Alkalometrists have used, do use, and shall, D. V., continue to use and recommend, digitalin amorphous, Merck.

AN ANECDOTE OF VIRCHOW.

Virchow was a terror to students at examinations, yet he was susceptible of being disarmed by an apt remark. It is

said that a student, who is now a Berlin professor, had an anatomical preparation put before him at an examination by Virchow, who asked him of what color the specimen was. The student hesitated and answered evasively because the specimen was about ten years old and from handling and rough usage assumed, whatever its original color might have been, at present all the colors of the rainbow. Virchow took on an angry pose and presenting the sleeve of his coat to the student asked him, "Can you tell me, sir, the color of my coat?" The candidate looked at the coat which was as old as that specimen, for Virchow bought a new coat only once in ten years, and said: "It is possible, Professor, that your coat had been blue in former days." Virchow turned about and let the candidate pass.—*Cri de Paris*, in *Gaz. Med. de Paris*, No. 39, 1902.

PROBABLE ORIGIN OF CATGUT FOR SUTURES.

Peter Davidson of Loudsville, Ga., has the following anecdote in his book on "The Violin," page 209.

THE MISSING STRING.

A Scottish violinist, of well-known repute, used to tell the following anecdote. Having been called upon to play at a royal residence upon one occasion, he betook himself to his private *sanctum sanctorum* in order to supply himself with an extra violin string in the event of breakage during the night's performance. He searched, however, in vain for a spare E string which he had left on the table a few hours previously. His wife, it appears, had made a pudding (Scotch

Chancre: Bathe twice a day, and dress with boric acid, or with calomel ointment, enjoining cleanliness.—Renault.

Natural mineral waters that contain sulphur aid the organism in resisting the action of syphilis.—Dresch.

dumpling) for their dinner, and not finding a piece of string wherewith to tie up the pudding-cloth, she had taken the violin string. She, however, informed her husband what she had done, observing that he would have the string after the dumpling was boiled, as it only required to be dried again to be as good as ever, but of this the husband was rather dubious. Judge of her surprise then, when upon removing the cover from the pot she found the dumpling floating loose through the water and the string dissolved. So far P. D.

Query by the gleaner: Is this the origin of surgical catgut sutures?

A CASE OF BRADYCARDIA.

A. Hasenfeld showed to the Royal Union of Physicians of Budapest, April 19, 1902, a woman, aged 80, whose pulse ranged between 26 and 36 per minute during the entire time she was under observation for nine months. There is in this case a high degree of arteriosclerosis, hypertrophy of the left side of the heart, and very high blood-pressure. The absence in this case of arrhythmia of the pulse inclines H. to exclude the presence of vagus-irritation and he supposes here sclerosis of the coronary artery and in consequence of this fibrous degeneration of parts of the cardiac muscle. A high degree of bradycardia is followed by a low blood-pressure and in consequence of this a poor supply by the arterial system, and the relative anemia in consequence of this again is the cause of the Adam-Stokes disease, which was noticed in this patient too some time before this. At present these attacks have stopped

and H. ascribes it to the present high blood-pressure (200mm Hg) which is brought about by the hypertrophy of the left ventricle as a compensation of the disturbance of the circulation consequent of the bradycardia.—*Wien. Med. Wschr.* No. 45, 1902.

DYSPNEA AND ASPHYXIA.

Prof. Dr. F. Mares produced before the Association of Bohemian Physicians of Prague, at its session of April and June, 1902, his experiments with artificial dyspnea and asphyxia by a privation of oxygen in the presence of sufficient CO₂ and also by an excess of CO₂ and normal O. In privation of O respiration is slowed and deepened; blood-pressure high, pulse unchanged because of vascular contraction; clonic spasms, then quiet, respiration stops, blood-pressure falls, pulse slows, and the heart stops occasionally from some vagus influence, then begins to beat again, and if air is introduced respiration also begins with first deep and then shallower inspirations. In excess of CO₂ respiration becomes deep and at long intervals; blood-pressure falls, and heart action becomes slower. This condition may last very long, and simulates a deep narcosis, and when sufficient O is introduced there is no danger. In an atmosphere of pure CO₂ there is a combination of want of O and excess of CO₂; the heart comes to a stand-still, and the systoles vanish until stoppage in diastole, without slowing of pulse, and asphyxia takes place. When O is introduced in this condition then the heart may revive, for it was not paralyzed and only hindered in its action.—*Wien. Medic. Wschr.* No. 43, 1902, p. 3052.

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If sulphur waters aid the body to resist syphilis, what a wealth of resources exists in the Virginia springs.

Diabetes: Linossier says absolute interdiction of carbohydrates does more harm than good. Diet, milk and potatoes.

Miscellaneous Articles

DON'T TAKE A SHOTGUN TO YOUR PATIENT.



FROM time immemorial it has been the recognized (or unrecognized) custom to give so-called "shotgun tonics" to those whom we desire to see convalesce more rapidly from serious illness and in certain wasting and depressing diseases like tuberculosis, anemia, etc., etc., and these have been given on the general principles of the "shotgun" with the hope that if one ingredient didn't hit the particular case another would. That this may be right in some instances we do not deny, but that it is wrong in most cases we strongly aver. The thoughtful physician of today, instead of yielding to the natural propensity, will study his case and see what the wavering and weakened nature requires for assistance, and give that assistance.

Sometimes it is the nervous energy alone that needs to be supported, in which case the best adapted nerve stimulant should be selected—strychnine, brucine,

small doses of quinine, capsicin, etc., etc. The list is long, the variety abundant, and the physician may select for each case what suits him and apparently suits the patient the best. In most cases, however, the circulating fluids are mainly at fault, the blood not being up to normal in its constituents as to quantity, quality or vitality, therefore not able to take from the pabulum of the food as fully and freely as it ought, and, therefore, instead of carrying nourishment, carries partial starvation to the nerve centers and the debility continues.

The best means of combating this condition is to add directly to the blood, through the absorptive glands of the stomach, a ready prepared, direct blood food, one which will add to its strength and vitality, and of these none, to the writer's knowledge, excels, if any equal, the formula known as Sanguiferrin. It is based upon defibrinated normal bullock's blood, preserved by a new process and increased in richness by the addition of the peptonates of iron and manganese. One needs but to try it in a few selected cases to demonstrate to himself that it is a prime restorer.

If, as is usual, there is need of stimulation as well as direct blood nutrition, just let him add his selection from the nerve stimulants as suggested above. The writer has prescribed Sanguiferrin for several years with great satisfaction. It is indicated in all cases of debility, whether acute or chronic, or attendant upon protracted illness, and may be used not only with full and perfect safety for the infant, adult and the aged, but with the surety that it will produce good results if anything can. The debility of infant life responds immediately to Sanguiferrin. Its use materially aids assimilation by toning up the digestive organs. It is a direct food and nothing else—"nothing else"? Well, that's enough. Try it.

W. C. ABBOTT, M. D.

Ravenswood Station, Chicago.

EPILEPSY.

I have a patient who has had epileptic attacks for several years. I dug out a vial of Lloyd's Specific Oenantha from the bottom of my heap, and saturated a bottle of sugar disks with it, ordering one to be taken whenever the attack threatened. For several weeks she has been absolutely free from all suspicion of trouble in that direction.

Pass the word along and have the brethren try it, for I am sure they will meet with success through its use. Half-drop doses are sufficient and should not be excelled. I used twenty drops to saturate a dram vial of disks and found it enough. I don't advise using it continuously, but one disk when the suggestion of an attack comes to the patient will "jugulate" it. If there is no premonition, a disk every other night on retiring for

a week or ten days, and then cessation of its use for a fortnight, will give surprising results.

J. R. PHELPS, M. D.

Dorchester, Mass.

SCIATICA.

This very annoying and troublesome disease can be easily and speedily cured by the following treatment:

Open the bowels well and thoroughly, and keep them well open, with sodium sulphate in solution; repeated often enough and in sufficient doses, well-diluted, to accomplish the object.

For pain, fever, soreness and general discomfort give a powder composed of acetanilid 2 parts, salicylic acid 1 part, pulverized licorice 1 part; this combination to be given in from 5 to 10-grain doses, for adults every two, three or four hours, as required to accomplish the desired results. Any local application can be used in the judgment of the attending physician, but if the above is energetically followed little else will be required.

M. E. JOHNSON, M. D.

Pittsburg, Kans.

—:o:—

Add this to the former suggestion that the correction of rectal ails will cure sciatica.—Ed.

THE PROOF OF THE PUDDING IS THE TASTING OF IT.

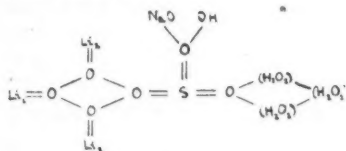
Editor ALKALOIDAL CLINIC:

Do you think it safe and prudent to publish pretended formulas of well-known remedies like Thialion? That the

An excess of fish or chicken is as bad as an excess of beef. Beans, peas and cheese are much worse, if beef is bad.

The vegetarian diet if needed should exclude alcohol, milk, and the caffeine bearing beverages as well, as meat.

formula named on page 1,111 of your November journal is not within a thousand miles of right, there is no question. We append the chemical and graphic formula herewith for the consideration of your readers:



The danger of publishing this pretended formula is that some physician might make the mixture above alluded to and use it in a case of Bright's Disease with disastrous results. Try it in any case of irritable kidney trouble, note the result and see what the patient will say. We opine that he will never take a third dose. Try the mixture and see if you get the same results as you do from Thialion.

In conclusion we desire to say that Thialion was evolved in America (with no hint whatever from Germany) after long experimentation to cure an individual case, and with no idea at the time of putting it on the market to the medical profession, but its power in the treatment of all forms of uric acid poisoning was found to be so great that we considered it our duty to see that it got into the hands of the doctors. Testimony in proof of this claim comes from physicians from all over the world.

Respectfully,

THE VASS CHEMICAL COMPANY.

GERMS.

Say there, you gentlemen at the supposed head of the medical profession, what are you giving us, anyway?



The vegetable diet stimulates peristalsis and increases the feces; it therefore answers in constipation.

Some of you most learned in bacteriology inform us that bile is death to the little pestiferous bacillus, and all we have to do is to turn the contents of the gall-bladder loose among them and the little cusses cease their labors, and the fellow they were eating up gets well. We were beginning to think that such things might be so, and we doped our patient with calomel, podophyllin, blue mass and other bile forcers, fondly dreaming that we were making a world of trouble for the little fellows, but all this time they were making fun of us and calling for more.

For here comes Dr. Miller of Cheyenne, Wyo., in your November CLINIC, and informs us that the gall-bladder is the health resort or sanatorium for the invalid portion of their community, from which after a good rest they come forth with renewed health and strength, and bringing a ravenous appetite with them, and begin again their man-eating work.

I know that our Dr. Waugh believes in the sulphocarbolates, not that he expects to kill the little fellows, but that these remedies disagree with their stomachs and give them trouble enough of their own, and the sick patient takes advantage of their troubled condition and gets well before they get ready for business again. Now, I believe in the sulphocarbolates, but my observation teaches me that they act all right where there is an acid condition of the system, indicated by the white tongue.

Of course I don't believe much in the germ theory. I have seen an old syphilitic sea-captain die with heart-disease, and his children and part of their children die with pulmonary consumption. Bacillus tuberculosis? No. He had simply brought into the world children who

Vegetable food is more apt to ferment, but cannot undergo decomposition like the nitrogenous foods.

were of low vitality, and in the battle of life they went down. Consumption was not hereditary but the diseased body was, for like produces like.

I do not deny that the bacillus may be found in some of such cases, for diseased tissue is a good breeding place for them; the same as a dead animal is a good breeding ground for maggots, but no one would dare say the maggots killed the animal.

I am now inclined to believe that our learned men don't know what they are talking about, but that they are only looking wise and making fools of us.

W. A. SCOTT, M. D.

Pleasantville, Iowa.

—:O:—

Your suspicion that the learned men do not know what they are talking about, may possibly have occurred to others.—
Ed.

SMALLPOX IN PREGNANT WOMEN.

Mrs. C., eight months pregnant, was delivered of a child two days after the eruption appeared. Temperature directly after child was born was 105. She must have had over 1,000 pustules, and, contrary to general treatment, I had these pustules opened several times, and it was surprising how much pus was thrown off. The scars or pits left were not very bad.

I had a well-marked case of septicemia and used two 10 c. c. doses of antistreptococcic serum. The mother made a good recovery. The eruption developed on the child the fifteenth day after birth, and the pustules were nearly a perfect mass. Child apparently recovered from

smallpox but died some weeks later of an acute bowel bowel disorder.

I. D. CLARK, M. D.

Harvey, N. D.

DR. LINK.

I am in favor of compensating Dr. Link for his discovery of a treatment for bladder troubles in old men.

Would suggest that The Abbott Alkaloidal Co. put up the medicine—rejuvenated, if necessary—and pay the doctor a royalty which should be added to the price of the medicine.

JAS. BURKE, M. D.

Sherwood, Wis.

DROPSY.

It might interest you to learn of a patient I had, not long since, with a large dropsical effusion and rapid feeble pulse. I ordered digitalin gr. 1-67, one granule in solution every fifteen minutes until pulse was down to 80—it was 130 when I saw the patient Tuesday p. m.

I was called away and did not get back till Saturday morning, when I found the patient had been given a granule every fifteen minutes, day and night, with only one skip, since the preceding Tuesday. The pulse was 112 and was the lowest it had reached. Had the granules not been in solution, or had I not produced desired results before with the same granules, I would say the granules were not absorbed or else were no good. I lost my nerve and changed to sparteine sulphate gr. 1-4, and codeine sulphate gr. 1 every hour, but never brought down the pulse lower than 110, until the patient's death two months later.

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The proteids of animal food stimulate the gastric glands, increase the urine and render it more acid.

Not only with the brain but also with the heart, must a physician strive to reach the heights of his profession.—Buttersack, Med.

I now have a man, a living skeleton, who has been treated for ulcer of the stomach with Triple Arsenates and Nuclein, and he has gained fifteen pounds in the past six weeks, and can eat anything. He has no ulcer now, I'll swear, and I confess I have no idea what is the matter with him.

A man dropped in a few days ago with painful cedema of face and neck, worse over infra-orbital region. An application of 10 per cent solution of trichloroacetic acid promptly fixed it.

C. A. LESTER, M. D.

Zumbro Falls, Minn.

IRRITATION OF THE URINARY PASSAGES.

That irritation of the urinary passages often proves troublesome, is a fact that needs no proof. It is proved in the experience of every practitioner. The question of the best way to overcome these difficulties is of vital importance to the physician in his daily duties, as the following case will certify:

Patient was attacked violently with pains unbearable and the agony from urinary irritation, almost seemed as though convulsions would occur; and the question came, with a terrible sense of unpreparedness to meet the condition. But something must be done quickly, for in less than two hours the urine was as red as a frost-bitten cranberry, with a uniform mixture of blood, no clots but an even stain, so the color was uniform throughout. But O! the agony!

On a previous occasion I had applied a cantharides plaster to some part, and the irritation was so severe that I removed the plaster, and covered the surface with castor oil. The irritation was

soon relieved, and the patient comfortable. In this emergency I made a mixture of castor oil and mucilage of gum acacia, equal parts, and with a bulb and soft gum catheter I injected an ounce or more into the bladder. Soon I discovered that the straining to urinate, or tenesmus if you choose so to call the agony, began to subside; and gradually under subsequent injections was overcome, and the patient went on to a speedy recovery. But these cases are liable to come again, to annoy the patient and the doctor as well.

I have been taking the CLINIC since its birth (and it was a lucky birth), and somewhere in its pages I had read of minute doses of cantharides in urinary troubles. I had long before this used it in such difficulties (think it was in some of Dr. Buckley's articles that I had noticed the item referred to), and I had long before been acquainted with the concentrations of B. Keith & Co., and wrote the following formula:

R.

Populin (Keith)....grains 24,
Codeine sulph.....grains 2,
Tinct. cantharides.....gtt. 5,
Wateroz. iij.

M. A teaspoonful every fifteen minutes till relieved, then every half-hour to two hours as needed. Shake before using.

It was a long time ago, fifteen years or more, that the case related occurred; and five or six years since I have used this formula. It has never failed in my hands to give speedy relief, hardly ever requiring more than three doses. It has given relief in the aged, where urinary irritation had existed for a long time.

The rifle does not make the marksman, nor the laboratory the investigator.—Buttersack, *Med. News*.

Even the universal specialist is far from being the true physician.—Buttersack, *Med. News*. Who is the true physician?

I have used a formula given in Grover Coe's treatise on "Concentrated Organic Medicine," which acts very much as the one which I have given. It is this:

R.

Populingrains 20,
Tinct. myrrhdrams 11,
Warm water.....ounces 4.

One tablespoonful every half-hour to two hours as needed. This has served well in these troubles.

H. P. SAUNDERS, M. D.

Alfred, N. Y.

DR. LINK.

Referring to the letter of Dr. Link, page 1,109, November CLINIC, I would say that if the Doctor has not been dissipated, to be poor at 71 is good evidence of his honesty and benevolence. I would therefore advise him to hold on to his formula for vesical trouble, until he is done with it himself. Those of the profession who may need it in their practice can afford to pay for it, and the aggregate of the sums received by Dr. Link will surely be of great assistance to him.

DR. G. T. BYLAND, F. B. I.

Lebanon, Ohio.

GRAPE-FRUIT TONIC.

Take one pint of sherry, $2\frac{1}{2}$ ounces tincture of iron, $1\frac{1}{2}$ ounces fluid extract of xanthoxylon. Take a dozen grape-fruit, peel, macerate 48 hours in sherry, strain, then add the iron and xanthoxylon. Dose, a teaspoonful three times a day.

Properties: Tonic, stomachic, alterative and antiscorbutic. A citro-chloride

of iron is formed. The bitter principle of the grape-fruit and the citric acid form a fine tonic. Other ingredients may be added.

J. G. BULLOCK, M. D.

Cherokee, N. C.

—:o:—

I read with interest your account of the Grape-Fruit tonic, which makes me both hungry and thirsty. Can you tell me what the bitter principle is in this fruit? I have often wondered but never came across the information.—Ed.

The Surgical Clinic is worth more than any surgical journal yet published to the country doctor.

W. M. CORY, M. D.

Waterville, Minn.

A FEW NOTES ON MALARIA.

1. Strange how much the northern doctor, especially the library doctor, knows about malaria.

2. When Mr. Osler said: "Any fever that will not yield to quinine is not malaria," he was probably "talking through his hat."

3. One wise (?) man said: "Any doctor who cannot cut malaria with quinine had better quit practice." If I cannot show him cases that will not yield to quinine alone, I'll "come off the perch."

4. Don't be afraid to use quinine hypodermically. It is not dangerous if done properly. In many cases the stomach cannot and does not absorb the remedy.

5. Calomel is far more useful than quinine in the bilious forms. This is the

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The reason surgery is so attractive and remunerative is that the whole system is built on therapeutics.—Hill.

How few physicians know the exact physiologic action of the drugs they use every day in their practice!—Hill.

form that positively will not yield to quinine alone.

6. The mosquito may be a factor, but he is not the most important factor, in the causation of malaria. The worst cases of pernicious malaria that I have ever seen, occurred in February and January, when the mosquito had been out of business for two months.

7. The type of malaria which occurs in the north, the intermittent, is easily controlled.

8. Let us have a few good articles on malaria from some old southern practitioners, taking up the peculiar types and the pernicious forms, with treatment. Malaria is a much more common disease than tuberculosis or syphilis. It certainly is an important subject. Yet I am not aware that any text-book is in existence that takes up the subject exhaustively and comprehensively. The trouble is, our texts are written by northern men, whose observations on malaria must surely have been limited.

F. C. BENNETT, M. D.

Loring, Fla.

—:o:—

If you would only tell us how to induce those too modest men to write.—Ed.

CHIONANTHUS VIRGINICA.

Properties, aperient, alterative, diuretic and slightly narcotic.

Indications: Yellowness of the skin and conjunctiva, clay-colored stools, urine scanty and high-colored, tenderness in hepatic region and yellow coat on tongue.

I believe chionanthus is as near a specific in catarrhal jaundice as quinine is in malarial troubles. In convalescence from

continued fevers, where the liver needs stimulation, chionanthus is our remedy. For constipation and colic in infants, chionanthus is very reliable and especially in icterus neonatorum.

M. MANNERING, M. D.

Hoxbor, I. T.

OPIUM POISONING.

On page 1,072, "Foreign Gleanings," November CLINIC, Dr. Fuerstein has reported a case of opium poisoning in an infant seven weeks old. While I have never been called to a case so young, in adults I have been successful in relieving about seven cases since my sojourn in this state; the youngest being a girl between fifteen and sixteen, and the last two a policeman in Sonoma county and a woman of this city.

The symptoms are stertorous breathing, shallow and irregular in rhythm, cold surface, very slow and intermittent pulse, cyanosis, insensible pupils, slight twitchings, etc., making up the diagnosis; differing in carbolic and strychnine poisoning, the two latter being the favorite routes of departure now-a-days. Little time for any medication to be of any avail.

The treatment in morphine poisoning in my cases which has been so successful is, carbolic acid c. p. 1-2 dram, carbonate of ammonium 2 gr., glycerin 1-2 ounce, distilled water to make up 4 ounces. Inject hypodermically 60 to 90 minims; repeat in half an hour according to severity of symptoms. In less than fifteen minutes the pulse rises, which is a hopeful sign, the air-cells of the lungs being unloaded of stagnant blood by liquefaction.

How can physicians know the exact physiologic action of the drugs they use. when they haven't any exact action?

Tubercle of bladder: Guaiacol, 3 to 20 drops, t. i. d., ichthyol, salol, resorcin, boric acid, methylene blue.—Newmark.

If the patient is exhausted and anemic, especially if a female, the recumbent posture must be maintained to help guard the heart-action. The rest of the treatment must be conducted on general principles.

The general treatment orthodoxly is the stomach pump, enemas, oxygen gas which will not disgorge the blood in the lung and encephalon.

Those who try this treatment will not be disappointed. Two cases of uremic poisoning due to alcoholism were relieved by this mode. It is prompt, safe and certain in its results.

C. MAGUIRE, M. D.

Oakland, Cal.

"WANTED: A MORGAN."

I have no doubt that the idea expressed in the editorial in the October CLINIC, beginning with the above caption, found many readers of like opinion.

The doctors of the United States stand sadly in need of such a combination as will protect them, not so much from the public as from themselves. There is scarcely any community where there is not some rule or understanding governing or intended to govern the charges for medical services. In many places these charges are too low, and are not higher than they were in the pioneer days of the country, when a doctor was expected to own his own home, garden, cow and horse, and when the expenses of living were not one-fourth what they are now. The charges should be higher; first, because medical services now are much better than formerly, and also because the doctor pays more for everything he buys, and cannot live upon the

same income which comfortably supported the doctor of former years.

But as low as the charges are, that is not the greatest discouragement we have to meet. The thing which holds us down the most is the practice which some one or more doctors in many communities have of cutting below the established prices. This they do in a quiet way, hoping that their fellow practitioners will not learn of it, and they will thus be enabled to increase their practice. But the benefit they thus enjoy is short-lived. They soon find that the other doctors are meeting their reductions, and that they have established a rule which has become permanent; and which, instead of adding to their practice, only diminishes their income.

Again, this places our profession upon a purely commercial basis, and it encourages the public to believe that the strongest argument in favor of a doctor is that he is cheap. It is imperative that this condition of affairs should be met, else the profession will lose in social standing and professional attainments, until it will cease to invite into its ranks men of education and character.

We need a remedy. There is one, and when we go about determined to find it, it will be found. Laborers, mechanics and capitalists found themselves suffering from this same evil, and they also found a remedy.

The difficulties before us are not greater, and I believe not so great, as those overcome by them. If hundreds of thousands of ignorant laborers can be made to stand together as one man, surely the members of a learned profession can, when the matter is properly presented to them, be made to act together for their individual benefit and protection.

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Petroleum Crude: Binkerd finds it laxative, preventing fermentation and flatulence, increasing appetite.—*Merck's Arch.*

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X. Y. Z., M. D.

—, Kan.

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The way to resume is to resume. The way to organize is to organize. Only the resistance of inertia is to be combated.—Ed.

I am pleased to say that since I got my first 1,000 hyoscyamine granules and began using them for pain I have had to use morphine but once and I have tried them in all varieties of pain.

WM. MCBURNEY, M. D.

Stambaugh, Mich.

SEAT-WORMS.

The case of seat-worms of thirty-four years' standing has entirely recovered, after having spent several hundred dollars and been treated by almost twenty-five physicians and two specialists, not only without benefit but was a great deal worse.

My treatment was nightly colonic injections of 5 fluid ounces of crude Beaumont petroleum for one week, then a thorough saline purge, twenty-four hours' fasting, and then followed by the

Abbott tapeworm remedy. An innumerable number of worms was gotten rid of, and only one lone dead worm was seen one day after the final treatment, none since; so you may score another victory for us.

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Midlothian, Texas.

SAN DIEGO.

I was interested in reading your article on "Winter Homes for Invalids." In answer would say that I consider San Diego, Cal., the ideal home for invalids of all classes, who are not too far advanced or can be at all benefited by a change of climate. San Diego is a beautiful city of over 18,000 people. The climate is most equable, the surroundings delightful, located as it is on the shore of the placid Pacific ocean.

The hotel and boarding-house accommodations are ample and excellent. Houses furnished or unfurnished can be rented at reasonable prices. Our clear bracing salt air filled with pure ozone from the ocean adds new vigor to the debilitated and overworked brain and body. We do not have the cold rains, winds and heavy fogs that they have north of us along the coast. According to the official report of the U. S. Weather Bureau from 1872 to 1899 inclusive, 10,585 days, there were 10,417 days not above 80 degrees, and 10,397 days not below 40 degrees. An average of six days per year above and below extremes mentioned.

Mid-winter months: December highest temperature, 80 degrees; lowest, 46. January highest, 79; lowest, 46; February highest, 79; lowest, 45. Property, rents and living are cheap. Churches,

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schools and places of amusement are abundant and good. East of the city within a few miles are the foothills, and farther back the mountains, affording pleasant resorts if persons desire a higher altitude. Fishing and hunting can be indulged in to one's heart's content.

F. S. LEISENRING, M. D.
San Diego, Cal.

LET THE DEAD REST.

We have had a terrible epidemic here. A new sugar company on Palpalapan river disturbed an old graveyard to plant sugar cane. Out of 200 inhabitants 110 died. Symptoms like typhus, with spinal meningitis, dying in delirium soon after infection. It was not yellow fever. The physician, superintendent and his son died, so my information came by hearsay.

CHARLES A. BAILEY, M. D.
Perez, Mexico.

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This is an exceedingly interesting case, and while we would not advise you to run any risk, we would very much like to know what that epidemic really is.—Ed.

EUCAINE POISONING: CASES AND COMMENTS.

Miss S., 18, had a molar extracted by a dentist, who used Eucaine "B" gr. 1-5. One hour afterwards syncope, with poor reaction, followed by chills for two hours, then fever 101, pulse 130, severe headache. Patient hard to arouse, lying in stupor, respiration 28; tried to articulate but could not. At midnight of same day had chills with sighing, jerky res-

piration, temp. 100.8, pulse 140. In morning was dull, sluggish, temp. and pulse falling, no appetite, could be aroused, would answer yes or no to questions and relapse into sleepy state, but was cognizant of surroundings. Never wholly unconscious. Improvement gradual for one week, patient became bright and more herself but could not walk, feet too heavy, had to be assisted, reflexes normal in right, increased in left leg. At present writing patient can walk slowly, otherwise well.

Treatment at first to bring about reaction, glonoin and atropine, hot water bottles. Second day, salines, and digitalin to control vessels and restore tone; later electricity, tonic, static.

Flaxseed was used to remove foreign bodies from the eye. One seed was retained, embedded in conjunctiva of upper lid, causing extreme pain and congestion; removed third day. Page 1,114, November CLINIC.

Dr. W. E. Link, page 1,109, certainly deserves any commercial benefit to be attained by exploiting his cure for bladder troubles, exploited in an ethical way, as per "Twentieth Century Code of Ethics," by Zachary Taylor, page 1,099. It is as you say in comment on the above case, perhaps the only thing between the doctor and want in his old age. Let him have the benefit of this discovery. No, he should not tell it.

I suppose Dr. Raley, Reading, Kansas, page 1,095, calls his treatment for typhoid fever "specific."

Dr. Marriett, page 1,083, recalls to my memory a case of appendicitis occurring in a lad of 14, after eating two pints of peanuts, while standing on wet ground listening to a speech. Pain came on at 2 a. m., the writer was called at 4 a. m.,

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Uremia: Glonoin to send the blood to the surface, atropine to keep it there. pilocarpine to most quickly eliminate.

Rose says oophorectomy means "removal of the duty on eggs"; and proposes as the correct caper the term oothectomy.

gave hyoscyamine every ten minutes till pain left, then every hour till operation. The pain left at 6 a. m., patient went to sleep, was taken to hospital where attendants failed to arouse him, given anesthetic, operation finished in twenty minutes, appendix gangrenous, grey and soft, no adhesions, patient awake in three hours after completion of operation, not an untoward symptom, recovery complete in ten days. Surgeon accused me of giving too much morphine, and probably doesn't believe when he thinks of it yet, if he does, that I gave absolutely nothing but hyoscyamine. I advised operation in this case at once, because it was his second attack and something told me it was time.

R. J. S., M. D.

—, Montana.

ALTERATION.

October CLINIC reports me giving sodium phosphate one ounce t. i. d., it should have read one dram. The effect is nearly as satisfactory if two drams in six ounces of hot water is taken before breakfast.

I frequently encounter a symptom or disease that may be called fluid extract catarrh. A few of the fluid extracts may be permissible when the active principles are out of reach, but as a rule they are too crude and uncertain.

Before THE ALKALOIDAL CLINIC became so popular, I held a decided advantage by giving my close attention, and attaining thereby better success. Now I observe that the relative advantage is less. Other doctors are getting onto the fact that the CLINIC is a splendid guide to the active practitioner, and a few 5,000 bottles of granules tucked away in

the satchel are very handy, without requiring frequent renewal.

C. E. BOYNTON, M. D.

Los Banos, Cal.

I am well pleased with *The Surgical Clinic*, and hope it will reach every doctor's office. For its teaching is what we all need.

T. G. LEWIS, M. D.

Grassy Meadows, W. Va.

ASTHMA.

I recently got a letter from a doctor asking me about iodized calcium, A. A. Co., for bronchial asthma. You may say again that it will stop any case in an hour. I recently tried it on an old lady who had asthma severely for thirty years. She keeps powders on hand now.

I have asthmatic cases that must have them. Parents have been trying to use a patent medicine at a dollar a bottle, but the other day came post haste for some of the brown powders. I believe if the paroxysms are kept off the disease will get well. One patient had no spell for six months. The diet is very important, especially supper.

By bronchial asthma I mean those attacks of dyspnea in which there is hyperemia and swelling of the bronchial mucosa, with exudation of mucin. There are a multitude of sonorous and sibilant rales, both on inspiration and expiration. If bronchitis co-exists, moist rales are found. The sputa contain gelatinous pellets, raised with difficulty at first.

Nov. 21, Mr. A. came to my office, having worked all day with a corn-shredder, suffering with the most violent dyspnea. I put in a teaspoon of hot water a

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"I can pull you through," said the doctor. "Try and pull both legs alike," said the patient; so the doctor doubled the bill.

Should we always caution our patients to avoid acids when taking calomel? Our fathers set much store on this.

dose—don't know how many grains—of calcium iodized. He took it with a large drink of hot water. I made him six more powders, but before I was done he went to the door and spit up a large mass of sputum, saying for me to hurry up, as he was well and must get to bed, as he did not sleep the previous night. The whole attack ended at once, the patient saying, "Doc., what is that stuff? If I knew I would buy it by the barrel."

I did not even get to examine the patient. I met him next day on a load of fodder, and he said he was as fine as silk. No return since. It was not due to fodder dust, or he would have had a return. This malady is hereditary, his son being likewise affected.

How does the dark powder do it?

What is the maximum single dose?

It does the work.

F. M. JEFFERS, M. D.

LaFayette, Ind.

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The remedy appears to act directly upon the swollen tissues, dissipating the congestion and relaxing the spasm; but the action is as yet unexplained. Nor is the maximum single dose fixed, though in general the remedy may be given till the evidences of iodism are manifested, in irritation of the eyes.—Ed.

NOTES.

I began practising in May, and up to that time I did not know what Alkaloidal Medication was. I was given a tip by a friend and subscribed for the CLINIC, bought a bunch of the little wonder-workers and started out. I have not made an independent fortune, but I live, and my medicine case that was filled by

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The greatest objection to the sulphocarbonate of zinc is its unpleasant taste, but this may be remedied.

a local druggist when I left college still holds his drugs. I have done everything with the little pills. I know what they will do, and know that I can depend on them.

I have just gotten my CLINIC from the office, and that means sit up half the night and read. That is the only fault I have with it. I cannot leave it alone till I have been from "kiver to kiver."

Your answer to Query 3236 should be read four times by every young doctor and by some old ones. It is worth framing and hanging beside the desk, where it can be seen every day; for we all have our temptations. I have had mine but won't blow my own horn; but I think those who heard it know on which side I stand, and will pass my door with their murder cases.

Wishing you a long and prosperous journey.

T. S. CLARK, M. D.

Little Swamico, Wis.

ALKALOIDAL HABIT.

I must write you and tell you that I am getting "stuck" on your alkaloids more and more, almost afraid that I'll form the "habit," and will have to be taken to Dr. Waugh; and you know that those cases sometimes turn out to be N. G.

Last night I went fifteen miles into the country to assist a fellow physician and during the course of our conversation, Waugh-Abbott and the alkaloids were brought up. He knew that I had been using the alkaloids quite extensively and asked me about them, and how I liked them. He wanted to know my treatment for pneumonia. Perhaps I

The question of pleasant taste becomes insignificant in the presence of death rapidly impending over one.

didn't tell him a thing or two about the virtues of Defervescent Compound and the sulphocarbolates in typhoid fever. They can say what they wish, I am sure that I have aborted several cases of typhoid with the alkaloidal medication. Seems so hard for some of them to get out of the "ruts." They remind me of the prairie dogs I saw on my way out west this summer, stay right around close to the hole and the least little motion in they go.

But people are waking up. I am frank to say that I am not using the alkaloids to the exclusion of everything else, but oh, it fills in so nicely, in so many cases, especially the acute cases. Here we are with our little giants, dose accurate, strength always the same. Now Mrs. So-and-So you give this ever so often until you get such-and-such effect, then not quite so often, just enough "to hold it there." Don't give one big dose and "floor" your patients, and about the time he raises up on his elbow hit him another "surbunder," as B'rer Rabbit says. That's not scientific medicine.

There are no two systems that require the same amount of anything or any drug. Why, then, this is a dose that will be just right for Tom, Dick and Harry. May be all right for Tom, Dick may not get relief because he is a little "heartier," needs more, while poor Harry has more than he can stomach; and then mother nature has about half of Harry's dose to combat, and the disease at the same time.

I simply want the people to know that I appreciate what you are doing for the medical profession, and the good of humanity, and for the kindness you have shown me. I don't much believe in the post-mortem wreaths; if any one has any

flowers to give me I want them a long time before the funeral.

J. E. BRINKMAN, M. D.

Waterloo, Iowa.

CLEAN OUT.

Please allow me to criticize a critic on Etiology, in November CLINIC, page 1,116, where Dr. McCully takes exceptions to the editor's remarks, relative to the alimentary canal being the cause of all diseases of mankind except traumatism, and wants him to make another guess, stating that a great number originate in the female vagina.

Now, Doctor, it is no guess to prove the CLINIC was correct in its statement, that the *prima via* being loaded from "breech to muzzle" with alcohol, makes a trauma an easy accident with gonococci. Anything invading a healthy tissue makes your abrasion or traumatism; hence clean out the sluice-box and a desire to invade holy normal tissue would not or could not occur. Nothing so vitiates the entire system as a deranged canal from whatever cause. Purify it and the brain clears up, desires are put on the right track, actions are changed, and many an innocent boy or girl saved from that little itching that eventually calls for the advice of a physician, who is told that the trauma occurred by falling on the horn of a saddle while riding a "bucking broncho" at Denver; or that while she was picking grapes she had accidentally "snagged" herself on the garden fence, and was now in a "terrible fix." "Dear old Doctor, can't you do something for me?"

Now, the first thing to do is to get the sluice-box opened, and clear away the

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If you think zinc sulphocarbolate inert, try it on some local malady and see for yourself. Don't wear a collar.

Don't take our word for the sulphocarbolates or others' word against them. Try for yourself and then decide.

dump. Clear out all impediments, let the "riffles" have a chance to save all pure gold, and pass off the accumulating rubbish and debris that is continually banking and backing up if not kept moving. No disease can be intelligently attacked until you have your "right of way" clear for your "construction train." Autoinfection only adds to the already overburdened system that receives all of its support from and through the alimentary canal. Many a dangerous fire can be avoided by looking after defective stove pipes or flues. Therefore, clear out. Clean up. And keep clean. And you are on a safe and good "pay streak," and you have solved the etiology of it entirely to the satisfaction of your patient and saved many restless moments to yourself.

We are not guessing, Doctor, but seek your criticism.

B. A. ARBOGAST, M. D.

Breckenridge, Colo.

TUBERCULOSIS.

Dr. Waugh's article on "Winter Homes for Invalids" was quite apropos to my card, but I wondered why he should have confined his remarks to the little point in this vast land of ours. We who have lived in Colorado for nearly fifteen years and have watched with professional zeal the effect of our Italian sun upon tuberculous patients, feel a little slighted by the good doctor's partiality to Atlantic City.

We do not ask you to send us "all the patients you can." There is one disease of the human frame that Colorado climate, altitude (we have all degrees of both) and sunshine are especially adapted to cure, viz., tuberculosis. Further

we do not want you to send us every or all cases of tuberculosis, and that is the hardest statement for physicians in tuberculous localities to comprehend. Even the vivifying climate of our most delightful state will not—yea, cannot—raise the dead or put new life into a person three-quarters dead with consumption.

You must realize that the time to send the patients here is not after every conceivable "cure" has been tried upon them at home and has failed. When you have been so unwise, so unkind, keep them with their friends for the last sad rites and sign the death certificate yourself as a penance for your ignorance or your malevolence. We do not want the job. We really have some such honest physicians here that they advise the patients you send us to return immediately to their friends.

The time to send the patients so that they will get the best results is in the very beginning of their breakdown. There is no excuse for physicians not knowing what is the proper diagnosis of their patient's trouble. The microscope will tell the tale. Start them on the next train for Colorado, and to Boulder if you please; the most beautiful spot in the world. Now if it happens you do not have the opportunity to send the patient in the "first stage" and can in the "second stage," do so. You will prolong his life from five to eight years, while in all probability he would not live more than six months to a year at home.

If you could see what we see, as the good results of the wise action of early migration, you would feel that to thus help suffering humanity it were worth while to have been the instrument for good in sending the patient here.

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Abortion: If inevitable. tampon with rubber balloon and give full dose of ergotin, gr. iij, absolute rest, head high.

Abortion: There is no known drug that will destroy the life of the fetus without first killing the mother, as a rule.

What shall we say to the poor "third stage" lunger? Keep him at home and bury him. We don't want to send him home in the car.

As to Boulder as a health resort for consumptives, all that Dr. Waugh says of Atlantic City can be said of Boulder (except as to sea water). It has the advantage over many Colorado cities in the fact that it is not full of coughers; thus the depressing atmosphere of so many sick folks is avoided. Boulder is an educational town and has in the past endeavored to keep all the sick people away, but they will come, and when they do come they like it and stay, and if they do get away they are pretty sure to return. You cannot do better than send them here.

MARY F. LOWREY, M. D.

Boulder, Colo.

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Very true. There is no better place than Boulder in all the high West; and no better doctor than Dr. Lowrey to whom they can be consigned.—Ed.

EPILEPSY.

Three cases of epilepsy I pronounce cured with verbenin, and consequently I feel sure of its efficacy. But under this treatment I find it absolutely essential to keep the bowels loose and the diet of the simplest kind. The epileptic is a gourmand, and crafty. Without the strictest watchfulness there isn't the slightest use in trying to effect a cure.

Do all physicians know that the worst cases of bleeding piles can be permanently cured, by flushing the bowels with weak salt water after each operation? I have yet to see my failure after this treatment.

♥ ♥ ♥ ♥ ♥

Abortion: To stop hemorrhage after abortion raise the hips and lower the head, and give atropine gr. 1-134 at once.

I like the CLINIC immensely, and learn much from its pages.

MRS. JOSEPH LEE, M. D.

Minneapolis, Minn.

PNEUMONIA WITH ABSCESS OF LUNG AND PERICARDITIS.

Our excuse for reporting the following case to the society is on account of the severity of the case, the condition of collapse that the patient was in a number of times during the course of the disease, and the ultimate favorable recovery.

The patient, George N., male, age 22 or 23, of a rather weak constitution and rheumatic diathesis, was taken sick on the evening of January 27, 1902, with a chill, followed by some elevation of temperature, muscular soreness over the entire body, and sore throat. He was given calomel, followed by sodium salicylate, under which treatment he improved until the night of January 29th, at which time he had a very severe chill, followed by a rapid rise in temperature, reaching 104 degrees; in a very short time pain in the left side, short, harassing cough, quickened breathing, and was very restless.

Diagnosis of probable acute lobar pneumonia made and treated accordingly.

From this time until Wednesday, February 5th, a period of seven days, the temperature ranged between 102 and 104 degrees; pulse 110 to 140, with the characteristic pneumonic sputum.

On the morning of February 7th the patient complained of great pain in the precordial region, the breathing very labored, the pulse very fast and irregular, An examination of the heart revealed an area of increased dullness, a distinct

Abortion: For fainting from hemorrhage raise the foot of the bed, lower the head, give glonoin and atropine full doses.

friction sound heard on both inspiration and expiration, as well as when the breathing was quiet. (A diagnosis of pericarditis made.) This condition continued with the friction sound gradually growing weaker on inspiration until February 10th, five days from the onset of the pericarditis, when it could not be heard at all on inspiration, but could be heard plainly on expiration.

On the morning of February 10th was called to see the patient at 5 a. m. He gave a history of having passed a very restless night in spite of all the precautions we had taken to make him rest. He was in a condition of collapse, pulse 140, weak and irregular, breathing very labored, having attacks of dyspnea at short intervals, the surface cold and cyanotic; he complained of great pain in the precordium, also over the liver and spleen, both of which were very much enlarged and tender. The friction sound was hardly discernible, except on forced expiration; the middle and lower portion of the left lung was perfectly dull—this dullness commenced over the heart and extended downward to the spleen, also over the side of the chest, and was of such extent that it was impossible to locate the apex beat of the heart.

The patient had been getting ammonium carbonate with strychnine and brandy, and camphorated Dover's powder as necessary to make him rest. During this period of collapse the patient was stimulated to the utmost; but what really seemed to give him more relief and benefit was the application of mustard applied externally over the chest—this was done by immense plasters three-quarters of an inch thick, long and wide enough to encircle the whole chest, applied hot and left on thirty minutes at a time

and repeated at intervals of every six or eight hours as the condition of the patient demanded it. After the use of the plasters the patient would get relief from the pain, the dyspnea improve for a few hours, when the process would have to be repeated.

During the first twelve hours after commencing the use of the mustard the patient passed 63 ounces of urine, specific gravity 1010; breathing became better, heart more regular. On the following day, February 11th, an examination revealed a return of the friction sounds on both inspiration and expiration, a pulse of 120, still irregular, temperature of 101 degrees, and patient still complaining of some pain over the heart. The entire portion of the left lung still dull and no air entering at all. On February 12th, the patient's condition much the same, only the precordial pain was somewhat improved, the friction sounds were not so prominent and some air entering the lung posteriorly. The treatment was continued with the addition of potassium iodide internally and the use of tinct. iodine externally.

During the next three or four days the heart friction sounds gradually disappeared—the pain, however, remained about the same, the pulse always fast and a temperature of 100-102 degrees. From February 16th on, until March 5th, the patient seemed to improve some gradually—the pain disappearing except on very deep inspiration, and on pressure; the pulse still fast and at times irregular, with occasional attacks of dyspnea.

At this time the case was seen by Dr. Norwine of Poplar Bluff. A physical examination showed the heart-sounds normal, pulse 115, temperature 101.4,

Abortion: When hemorrhage persists long after abortion give calcium chloride gr. xxx a day for weeks or months.

Abortion: When many remedies are mentioned for one malady it is that one may use what he has with him and save time.

complete dullness over the entire lower and middle portion of the left lung. Both sides of the chest appeared to be the same, the intercostal spaces not obliterated. In order to clear up the diagnosis the pleural cavity was aspirated with a negative result.

The patient was put on elix. iron, quinine and strychn., and Fellows' syrup of hypo. with whisky. On March 8th, or three days later, the patient had a violent coughing spell, during which he coughed up quite a quantity of pus and mucus. This continued for several days during which time the dullness disappeared, the temperature and pulse came down and the lung cleared up, although it was a month or six weeks before the pulse ceased to be fast and irregular at times.

The young man is to-day strong, able to do as much work as any man. The aspirating of the pleura seemed to bring on excessive coughing, which ruptured the abscess, giving relief. At the commencement we put him on Defervescent Comp., which acted beautifully; also an expectorant of ammonia iodide 2 drams, chloride 2 drams, codeine gr. 6, sanguinarine nitrate gr. 2, glycerin and syrup wild cherry q. s. to 4 oz. Teaspoonful every three hours.

DRS. MARSHALL & GAY.

Ironton, Mo.

A JAMAICA FRIEND.

The CLINIC has enlivened many a sad hour, and—as so many others say—I could not do without it. I rely upon it in a good many ways, follow its teachings as much as possible in this island, and invariably use Intestinal Antiseptics. I have to deal mostly with the Jamaica negroes; as patients they are not bad, but as servants they are exasperating.

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Abortion: Of hemostatics atropine is quickest and strongest, ergotin slower, digitalin and hydrastinine still slower.

I have often thought it might be a duty I owed you to tell a little about my practice here, but you have many correspondents, and I have little of interest to tell. With best wishes for the success of the CLINICS.

M. T. LUND, M. D.

Rectory, St. Margaret's Bay,
Jamaica, W. I.

—:o:—

I have read your letter with great pleasure and most sincerely hope you will act upon the impulse to write us about your practice. Anything from this far-away region is of interest to us.—
ED.

SMALLPOX.

November 25, '98, H. H., male, 24, was taken ill with severe chills, sore throat, backache, headache, temperature 104.5, pulse 120, constipated. At this time there was a severe epidemic of influenza and the case was diagnosed as such.

November 27 the patient developed an obstinate hiccough. The spasms followed in rapid succession for several hours and were finally controlled by full doses of atropine sulphate hypodermically.

November 28, very little pain in back or head, throat very sore, bowels and kidneys acting normally, temp. 102.4, pulse 110, nasty taste and smell, the odor perceptible to others.

November 30, 8 a. m., temp. 102, pulse 110. At 2 a. m. purpuric patches were noticed on the body and limbs, none on face, most abundant on abdomen; the patches of various sizes from a split pea to a silver dollar, irregular in shape, not

Abortion: Full doses of any bromide tend feebly to soothe the irritated uterus and may save the child's life.

raised above the surface, and would not disappear under pressure.

At 4 a. m. of the 30th, the nostrils began to bleed profusely. Astringents were useless, and posterior and anterior tamponing was resorted to; but this did not control the hemorrhage, the blood soaking out through the cotton, being then dark and devoid of any tendency to coagulate. The hemorrhage continued up to the time of death, at 2 a. m., December 1.

The possibility of this case being smallpox was considered. The patient had never been vaccinated but claimed to have been constantly at home, and that he had not been exposed to the disease. There was not then nor had there been a case of smallpox in the town, and none in the county for twelve years. However, he had been exposed to smallpox about two weeks prior to his sickness. He had escaped from a smallpox quarantine in an adjoining county, the fact being concealed by his family until after his death.

One week after the death of this man, his mother and sister, not vaccinated, and a brother vaccinated fifteen years before, all sickened with smallpox. The mother had the confluent hemorrhagic form and died on the eleventh day, the sister had the discrete hemorrhagic form, was seven months pregnant, and aborted on the first day of the eruption. The child was dead but free from eruption or any abnormal appearance. This patient recovered after an extremely severe illness. The brother had mild varioloid and was not confined to his bed.

H. H.'s case not being correctly diagnosed, a public funeral was held and an epidemic of a malignant type of smallpox followed. Total number of cases,

forty-six unvaccinated, nineteen previously vaccinated, time ranging from ten to twenty years. Twenty-seven of the unvaccinated died, and the vaccinated all recovered; in fact, none of them was seriously ill. Of these that died four had the hemorrhagic form, that is, the eruption appeared in the usual manner and extravasations of blood in the pustules took place later; one developed pneumonia as a complication, one had gonorrhea, soft chancre and a suppurating bubo; and the seventh had the confluent non-hemorrhagic form. This last patient, a woman, 24, had numerous pock marks on her face and body, and claimed to have had smallpox when twelve years old. The marks were probably caused by chickenpox.

Of the unvaccinated cases that recovered, one had the confluent hemorrhagic and two the discrete hemorrhagic form. All of the unvaccinated cases were extremely severe.

The writer's wife lived next door to H. H., and was in the room with him before his death. Twelve days after his death she developed mild varioloid. She was four months pregnant. The child was born at full term, a healthy ten-pound boy, free from any marks; and he was vaccinated when one year old, and the vaccination took and ran the usual course.

In the epidemic, one family of ten all had the disease. None of them had ever been vaccinated except the father, 50 years old, and the grandfather, 74. Both were vaccinated when children, but never since, yet they were not confined to bed and were able to help care for the rest of the family.

A 12-year-old boy whose mother and sister were at the pesthouse was vac-



Abortion: Beware of fatal hemorrhage in red-headed, white-skinned women. They are apt to turn out bleeders.

Abscess: Calcium sulphide a grain every two hours will abort the abscess if given before pus has formed, and stop its formation.

minated, and ten days later taken to the pesthouse and remained there three weeks without taking the disease.

I mention this because I see by articles in the CLINIC that there are still physicians who question the protective power of vaccination. In our last outbreak of the disease, 1900-01, we had sixty-three cases. Not one of them had ever been vaccinated. The vaccinated persons in the first epidemic who took the disease, were all subjected to severe exposures, such as being with the sick and helping care for them.

R. H. PAXTON, M. D.

Florence, Cal.

ASTHMA.

A condition most distressing to the patient and usually equally difficult to treat is that of bronchial asthma. Allow me to indicate how it can frequently be successfully combated.

1. Clear the intestinal canal by the use of calomel gr. 1-5 every two hours, followed by a dose of Seidlitz salt in hot water.

2. Restrict the diet to broths and ripe fruits or baked apple for a couple of days.

3. Give apomorphine muriate gr. 1-67 every half-hour until slight nausea is produced, then every hour until free bronchial secretion is established, then every two hours until well.

4. Give strychnine arsenate gr. 1-134 every two hours throughout the case and for a few days afterwards. Seidlitz salt should be given every morning in hot water, before breakfast, until recovery. I also administer the apomorphine and strychnine in hot water.

Abscess: Arsenic sulphide gr. 1-67 three times a day or more, sometimes aids or excels the calcium sulphide.

In no illness is it more necessary to keep the gastro-intestinal canal free from all offending substances than in that under consideration. If there be a fermentive condition present, the W-A Intestinal Antiseptics should be used. I prefer the uncoated.

During convalescence the diet should be restricted to foods digested principally in the stomach.

The above-mentioned procedure is the only one I have ever known to produce satisfactory results. The great tendency in acute troubles is to overfeed, but the key-note to successful practice is to limit the work to be performed by the various organs. Physiologic rest must be assisted by physiologic therapeutics, and the latter is but another name for alkaloidal medication. Try it if you want therapeutic perfection. I think a small work on "Alkaloidal Therapeutics" would meet with ready sale.

H. R. POWELL, M. D.

Poughkeepsie, N. Y.

HEADACHES.

Mrs. K. B., 50, had been afflicted with sick headache from girlhood. I was called to see her husband to treat him for cancer of the face.

During my first visit she was suffering with a severe sick headache and I was called upon to try and do something for her head. She had been told by many eminent physicians that very little could be done for her and the only thing that would rid her of the trouble was death.

I gave her "Wide-Awake Liver Pills," and she has not had a return of her headache for three months. My directions were four pills at each dose when she felt the trouble coming on, and then

Abscess: Atropine in full dose has the reputation of aborting abscesses and is a good local application for pain.

three or more daily for two or three weeks. The dreadful bitter bile now makes its circuit in nature's way and has stopped coming out over her tongue.

By the way, I have cured Mr. B.'s cancer, with Dermal Caustic, with an internal treatment of calcium sulphide. The cancer was on his face just below his right eye, and had been there for seven years. It was somewhat larger than a nickel, and was running and very offensive when I commenced giving him treatment. I made many applications with the above solution and he is a well man to-day. May God bless you in your noble work. You are doing more for suffering humanity than all who fight you.

G. W. G. BROWN, M. D.

New Tazewell, Tenn.

THE DIFFERENT PHASES OF TYPHOID FEVER.

Since my experience with typhoid fever from August has been a little out of the ordinary, I will briefly narrate a few cases to show its peculiarity.

1. Mr. B., 45, who had previously had typhoid, came to me with a tired feeling, slight headache, pain in each thigh and eyeballs aching. This pain lasted for three days only. This was the only pain of any kind during the twenty-two days of his illness. Fever rose gradually to 102, then fell to 100 the evening of the fourth day, then came up to 103.5, gradually, then step by step reached 100 by the ninth day, and remained between 100 and 99 the remainder of the twenty-two days. The tongue remained clear the first five days. At no time during his sickness were there any abdominal symptoms, save constipation and the typhoid

rash. He claimed he could have done a good day's work any day of his illness.

2. Mr. M., 21, had a typical case of typhoid in every respect, lasting twenty-five days. After temp. was found normal for two evenings he was discharged. Four days from this time in the evening his temp. was 100, tongue coated, but he was up and had just had his supper, and decided to take his chances on staying up. He did so and made a splendid recovery.

3. Mr. J., was found in bed with temp. 103, headache and backache. He gave a history of a tired feeling for a week previous to this date. There were a few abdominal symptoms and constipation, typhoid tongue. Temp. fell gradually to 100 at the end of the second week, then remained between 100 and 99 for forty-four days. His first day was the worst he had, later he was very cheerful, rather on the gay order, but his eyeballs ached, tongue would clear and coat over every ten days. Recovery good.

4. Miss S. was seen about the same time, the twenty-second day of her sickness. A diagnosis of typhoid had been made by the previous physician. Fever never reached higher than 101; presented the usual typhoid symptoms. Temp. finally reached normal the forty-fifth day. Splendid recovery.

5. M. H., 12, had typhoid a few years previous, was found with a typhoid tongue, temp. 101, little cough and night-sweats. A rachitic child, with characteristic deformity of head and ribs, no tubercular family history. In the midst of all this I was informed that an old lady was curing him for flesh decay or short growth. I was asked what I thought of that. I let a smile hide my

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Abscess: With resin of guaiac we have aborted many a quinsy or tonsillar abscess; a grain every two hours as lozenge.

Abscess: In prolonged suppurations give the tissue builders, calcium lactophosphate and iron phosphate full doses.

frown and respected their ideas. The thing that was confronting me was a diagnosis. The boy remarked that he did not need a doctor as he was only tired. He was finally persuaded to go to bed, and careful examination was made, nothing pointing to typhoid save the tired feeling and tongue. I watched the temp. go back to 99.5 the next day, then to 100 the next evening, so I based my diagnosis of typhoid upon that slow, lazy, trembling motion of the tongue, and that unusually slow, dreaded effort of speech. There were slow dreaded efforts to turn in bed when he was requested to do so. Temp. never ran above 100 after the first day, ran forty-six days and reached normal. Later on in the course there was tympanitic distention, some tenderness and looseness of bowels, passages streaked with blood, pulse 90. Is making a fair recovery.

6. Mrs. G. has had the usual symptoms of typhoid and has been very sick. Temp. fell about the end of the thirteenth day to 100, and remained there for sixty-eight days, eighty-one days in all. That was the time I was in attendance. I left her with temp. of 99 and coated tongue. She is doing well.

I have two cases in bed at the present time, whose temp. ran to 104, presenting all the typhoid symptoms. Temp. came down to 99.5, with coated tongue, tympanitic distention, and marked typhoid rash. They have been in bed, one six weeks, the other three. I have reasons to know that they can't walk alone, and get light-headed, yet they talk to one another and are as hungry as young leopards.

The greatest wonder of all is that they are all progressing nicely, and all well pleased and pay extra well.

Abscess: When chronic abscesses continue to discharge thin pus freely, give calcium lactophosphate and sulphide.

Treatment: Each case got from two to three good doses of calomel, each followed by saline and sufficient enemas to thoroughly unload them. Then zinc sulphocarbolate, a 5-grain tablet every two hours, hence I seldom use an antipyretic. I insist on the patient drinking a large quantity of boiled water. Where the cases linger I give very little medicine, but order plenty of water, and watch the room and use enemas instead of laxatives.

Diet: Milk, lemonade, broths, ice-cream, custard, later on baked potatoes, toast, etc.

S. G. MARTT, M. D.

Houston, Ohio.

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When fevers of the typhoid type linger beyond the usual time, it is well to make a thorough sanitary examination of the premises and vicinity, including the drinking water. We have never failed to detect an adequate cause, which, being removed, prompt recovery ensued. There is always a cause, inside or outside the patient, hence within our reach. And many times we have found that old George B. Wood's remedy, oil of turpentine, wound up the lingering malady.—ED.

DIET.

Some of the statements in an article headed "Diet," by Dr. Brewer, I heartily agree with; but think a mixed diet better for most of us. Not too much meat, but meat, eggs and milk, with plenty of cereals, vegetables and fruits.

Paragraph eight of the article is all wrong if Bible history is correct. True, our first parents were vegetarians, and I have no means of telling whether they

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Abscess: To repair waste from prolonged suppuration give iron arsenate gr. 1-67 every two hours while awake.

used milk or eggs at that time, yet most of our troubles date back to Mother Eve and the tree, or Father Adam and the fruit, and both were vegetarians, too.

Cain, a vegetarian, was the first murderer; and almost all the vegetarians living at the time Noah was building the ark were no saints, judging from the punishment meted out to them. Now, after the landing of Noah and his shipload, God gave permission for the one good vegetarian and his family to eat a little meat.

In the ninth chapter of Genesis, verse 21, we find that the fruit of the vine caused trouble (another great evil existing even at this date). Again we see it was not the meat that caused the trouble. The offering of meat pleased God, the sprinkling of blood over the door with eating of meat saved the first-born of the Israelites, and meat has saved many lives since, but in another way. Meat is good for food if used properly, with vegetables, etc. I agree with brother Brewer, and say, "less meat."

O. A. T. SWAIN, M. D.

Athol, Mass.

QUACKERY.

Medicine, as a factor in preserving and perpetuating human welfare, is badly handicapped by the crude notions of the rank and file of the people, concerning its exact status.

The notions of the laity concerning the efficacy of medicine emanate from quackish advertisements in the secular press, and gratuitously distributed pamphlets from the same source.

The procreative instinct, or rather the consciousness of being able to beget

one's species, dominates the great majority of the people.

"Lost manhood" is the principal lever by which the charlatan pries the yellow metal out of deluded patients' pockets. The false reasoning to be read in current literature, on this subject alone, has done and is doing irreparable damage to the present generation. "Man is a masturbating animal."

From the knowledge of this fact, coupled with the importance man attributes to the procreative power, the charlatan in medicine gets the key to the people's pocket.

"Varicocele" is the main side issue to the "lost manhood" propaganda—shrinking of organs, etc.

Rightly interpreted varicocele is not a dangerous ailment to the patient, nor to his precious organs. Too much attention given to sexual matters by any person, unfits him for useful employment; the more he dwells in thought on the subject the more useless he becomes for healthy living.

The sort of literature referred to is his seminary in such matters—a circulating library of vice and ultimate destruction to the student, and through him to his associates, and through them to the community, the commonwealth and the nation.

The newspaper is the poor man's library.

Books are like companions, good or evil.

Good company has a tendency to elevate, bad the reverse.

Newspapers of to-day are not wholly right.

On the same page may be seen the rehearsal of a heroic deed or sacrifice, and such an announcement as follows: "Dr.

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Abscess: For hectic, fever and wasting with prolonged suppuration, give digitalin gr. 1-67 every four hours by day.

Abscess: For hectic, fever, rapid wasting and colliquative sweats, give quinine arsenate gr. 1-6 every six hours.

Charlatan's Female regulator; sure relief, no matter what the cause."

The elimination of the objectionable matter is desirable. The remedy for this drawback in the moral status of the newspaper—secular or religious—is better attainments in morals by the people. The paper prints what is desired by the majority of its readers. It simply pays to do as they are doing.

Many quackish announcements are brazen lies, such as that a certain cure-all is indorsed by the medical profession; or as a certain blatant quack states, that the use of the knife is never beneficial; or salts of Epsom and castor oil are injurious drugs. This is the palpable source through which the people are instructed as to the merits of the medical profession. It might be said that the numerous members of the medical profession might counteract this.

They can if they would only keep eternally at it; but it must be done honestly although adroitly.

Mentioning a competitor by name or class, in connection with his work among the people, sometimes rather enhances his vocation.

People are ready to ascribe a selfish motive in the matter to the disputant.

I am personally cognizant of a case in which a recognized charlatan was the means of withholding \$500 a year county aid to a hospital, because the regular staff of said hospital refused to allow said charlatan to treat patients in said hospital.

Said charlatan advertises to be a surgeon, but those who know him best say he cannot do good surgical work. He gets the patients and the large fees, and some less favored but better surgeon does the work.

Whether because of rivalry in doing a large practice, or the less laudable effort to become rich from the practice of medicine, the medical profession of today has not that positive, wholesome influence on the people that it should have.

Tact is indispensable in any calling in life, but fawning deference to a whimsical public will never impress it with the full value to the world of the work done and being done by the medical profession.

A prominent clergyman, of a city of 15,000 inhabitants, in which some twenty doctors practised, said to me: "Your profession cut each other's throats the worst of any class of persons."

We are no better as a profession than we appear.

If we continue to berate each other and commit other childish deeds, be our general work ever so meritorious, our influence for good is proportionately nullified.

It was said of Christianity that conversions through miracles were not as fruitful and permanent, as those by reason. From many petty causes the medical profession of the United States is badly disorganized.

It is the duty of every doctor to direct his best endeavors to set the high aims of his noble profession in the right light before the people. Let each strive for the best there is in him.

United we shall prosper, divided—well, we all know what that means.

We ought to convince the people that we are not mercenary camp-followers of a noble guild.

There is nothing honorable in what we recognize as quackery.

How shall we eliminate this undesirable element from our body corporate?



Abscess: For chronic cold or scrofulous abscesses, give iron iodide gr. 1-6 every hour except when asleep.

Abscess: For scrofulous, chronic or cold abscesses give iodoform to stimulate the absorbents to carry off debris.

Simplicity itself:

Let reputable doctors eschew quackish methods in practice.

JAS. BURKE, M. D.

Sherwood, Wis.

DIPHTHERIA.

Dr. Waugh's book on "Diseases of the Respiratory Tract" just received; and upon opening, the first article to attract my attention was "Croup," which I have just read. And while I agree with you on the whole, I must take exception to your closing remarks in summing up the treatment, that the only three remedies entitled to consideration are morphine, intubation and calcium iodized. Those are grand remedies and I use them, but the remedy of all remedies is a good article of antidiphtheritic serum.

It may be that cases of membranous croup occur that are not diphtheritic; in fact, twenty years ago I held that they were not identical; but since I commenced using the serum in 1893, I have never lost a case of what I had been in the habit of diagnosing as "Membranous Croup," and during that time it has not been necessary to resort to intubation or tracheotomy.

This has led me to think that the vast majority of cases of membranous croup are cases of laryngeal diphtheria, although the patches in the pharynx or on the tonsils may not be larger than half a pea. Sometimes I have failed to find any membrane above the larynx. I use the serum early, that is the desideratum; and after its use I can sleep, in confidence that my patient will be better in twelve to twenty-four hours; and my confidence has, as yet, not been misplaced.

Abscess: For scrofulous abscesses with continual unhealthy discharge, give arsenic iodide gr. 1-67 four times a day.

I have only lost two cases of diphtheria since I commenced treating with the serum, and in both of those I was called late. It must be used early in croup. Add to this the treatment as you have laid it down, and according to the light we have it will be ideal. Iodized lime is an A 1 remedy in all forms of croup and hoarseness. I use the dark iodide prepared by B. & C., Boston.

W. D. RICHARDSON, M. D.

Centralia, Ill.

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Diphtheria was not treated in the book named, but the non-diphtheritic variety of membranous croup, in which Antitoxin is useless.—Ed.

AUTOTOXEMIA AND ITS TREATMENT.

I feel moved to remark that Dr. H. S. Brewer is about right on the food question. I am convinced that the non-meat diet is much the most wholesome; barring idiosyncrasies. I have tried this to a finish, both in my own family, and in those of patrons where I could command obedience. The use of meat as a common article of diet is responsible for more sickness and suffering than we have ever dreamed of in our philosophy. Many cases of ill-defined disease, where no apparent cause existed and no actual lesion could be discovered, have obstinately resisted the most carefully selected treatment based on drugs, baths, massage and electricity, and yielded only after I had enforced a strictly non-nitrogenous diet, forbidding also tea, coffee, and chocolate.

What of the genesis of disease-processes in these obscure pathologic states?

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Abscess: For scrofulous abscesses the iodide and sulphide of arsenic make an efficient combination, full doses.

Why does a meat-diet favor a departure from health? And, contrariwise, why does a vegetable diet aid in its restoration? Haig, of London, has shown that it is all one whether uric acid is manufactured in the system, or introduced directly from without in food or drink which contains it, as uric acid itself (existing in considerable but varying quantities in all proteids, *especially meats*), or in the form of its congeners, viz., the various alloxins and allanturic bodies such as creatine, creatinine, lecithine, caffeine, etc., which in the animal chemistry are split up into uric acid, CO_2 and H_2O . Always, uric acid is the enemy, these allied compounds being only a shade less poisonous; and Haig, Garrod, Cazali, and many other observers, have told us of the formidable array of maladies that are attributed to these toxins.

But we can keep from introducing these poisons into the system, and the supply on hand must in time be eliminated. With the non-meat diet, these foes of life are more easily conquered. Yet if elimination is defective, a course of Salithia or Thialion may be required.

By-the-way, I see that some of the brethren are much exercised as to the formula of Thialion, some asserting that it is only lithium citrate and sodium phosphate. The Vass Chemical Co. recently announced its composition to be a double sulphate of sodium and lithium, obtained as a by-product in the manufacture of lithium from its native ores; and it is thus a definite chemical compound, not a mere mixture. It would seem to be a compound of the alkaline Na SO_4 in which lithium replaces one molecule of sodium. If this surmise be correct, it should be easily prepared in the laboratory.

It is a splendid eliminant and uratic solvent, yet if we clear-out and clean-up effectually we should seldom need its beneficent influence. For this purpose, Saline Laxative, Waugh's Laxative, and W-A Intestinal Antiseptic are unexcelled.

Three years ago, I ordered my first supply of the Antiseptic, and used it pretty steadily until I got to running after strange gods about a year ago. At that time, a salesman induced me to try the product of an Eastern firm, which was "just as good as Abbott's, and much cheaper." To be sure the formula was the very same; but something was wrong with the "critter." I have never used up the large supply I ordered, and have gone back to the W-A brand again.

I have recently adopted a more radical method of dealing with these auto-toxemias, uric acid dyscrasias, and all anomalous cases of general poor health and weak nerves, without recognizable cause—a class of diseases which has given us all much trouble in the past. I begin with salines, such as Saline Laxative, mayhap a dozen "pink calomel" tablets as a starter, a tablet every half-hour or hour; follow this with more salines, then Waugh's Laxative, and W-A Antiseptic, p. r. n., or iodide of phenol mixture; with "enough" salines along all the time, as needed. If the patient is dyspeptic, add copper arsenite and strychnine arsenate, one granule of each *ter die*, with 1-4 lb. of nuts (pecans) daily, eaten slowly just after meals. If the patient continues to complain, I fall back on Salithia (or Thialion) for a week or two, then resume as before.

If indigestion is the prominent feature, I have found in addition to the above the following very effective: Iodoform gr.



Abscess: In all cases of scrofulous abscess in the young, keep the emunctories flushed constantly—doors wide open.

Abscess: In acute abscesses give aconitine for fever, and apply locally to relieve pain which comes from tension.

1-12, bismuth subgallate gr. 1-2, to 3, *ter die*, one hour before meals; copper arsenite gr. 1-100, carbolic acid gr. 1-6, one hour after eating; Hg I gr. 1-6, 3 hours after eating—the last to be omitted after a week. Bowels kept clear and aseptic. Meat, coffee, tea, liquor and all rich foods forbidden.

An excellent substitute for coffee is the Postum Cereal Mixture. Where the patient is loath to give up his beverage, I find little difficulty in persuading him to replace it with this healthful drink. As a rule, it gives entire satisfaction. I use it in my own family.

It goes without saying that the causes underlying every morbid condition should be sought for and removed, if possible. But the treatment just described has given best results in all cases of disordered health which persisted after the removal of the supposed cause, or where no cause could be found; unless, indeed, the autotoxemias from the excessive consumption of proteids, tea, coffee and other slow poisons, was really the unsuspected cause of all the trouble.

The editor has said that many men make hogs of themselves all the time; yet I think it must be very rare that a patient would eat too much if confined to vegetable fare, minus tea, coffee, spices and liquors. And seldom, indeed, will you cure any chronic ailment unless you separate the sufferer from these pestiferous abominations.

F. E. BURGEVIN, M. D.

Spiro, Ind. Ter.

COPPER.

In your November issue of THE ALKALOIDAL CLINIC I noticed query 3388, "Phthisis and Copper" in bold let-

ters, and I became interested in its study; and searched every text-book available on the practice of medicine and materia medica. And finally I formed the idea that if copper was such an excellent remedy why omit it in our latest editions? Just in the search of the literature one of my patients entered the office, and informed me that his father died at the age of 52, while working in a copper mine, of this dreaded disease; and so did several others of near relation. This surely must not be a specific remedy.

The Kalamazoo Company has advertised in "*Word and Work*," that it cured J. D. of galloping consumption; A. D. of quick consumption; without mentioning its formula. It has benefited many. Now shall we as educated brethren leave our knowledge sink, or shall we experiment on copper? Alkaloidal readers who come from the copper belt may know of many who work in these mines who have this disease. Let those who know start the discussion. Does copper really cure? If it has such magic charms I truly believe the profession should be informed, for Luton, '88, stated that copper phosphide in its nascent state and solubility in alkaline medium was of great value owing to its emetic action.

Dr. Bull also recommends its use.

Dr. Price, '94, says it gives a great appetite, but if continued too long they suffer from prostration, vertigo, pallor, rapid weak pulse. Now if such a patent remedy would be entrusted to a phthisical patient (not having any knowledge of its physiologic action) it might surely cause more damage than good, and yet we read of many firms who advertise it as the only cure.

Brethren, let not one of your patients who suffer from this infectious disease

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Abdominal Plethora: Give a dose of opodophyllin gr. 1-6 at bedtime, followed by saline laxative on rising, twice a week.

Abdominal Plethora: Give a dose of elaterin gr. 1-20, at bedtime, twice a week, and a saline next morning.

go without testing him on the following remedy. The *New York Journal*, after having selected a patient in a serious condition, had him examined by eminent lung specialists, who pronounced the disease tuberculosis in the incipient stage, and sent him to Dr. Hoff, of Vienna, for final examination and treatment. These remedies were used: Acid arsenous, potas. carb. depur., acid cinnameylic, distilled water, brandy, ext. opium.

For hectic fever: Cinnamon water, tinct. chinoidin, quinine sulph., elix. Haller's acid, syr. cinnamon. By seven weeks' treatment this patient had entered upon the new road, and no physical evidence of any pulmonary trouble was noticed.

Shall we as the rising generations bow to the quackery, or can we put our shoulders to the wheel and give our alkaloid copper phosphide a trial?

Then wrapt in fire the realms of copper glow,
And Heaven's last thunder shakes phosphorus below.

Thou, undismayed, shalt over the remedies smile

And light thy torch at the Alkaloidal pile.

E. F. BENNER, M. D.

Salfordville, Pa.

TWO NEEDS.

Polemonium reptans—abscess root—is a diaphoretic, expectorant, astringent, alterative, tonic. It is of much value in all eruptive fevers, pleurisy, pneumonia and bronchitis, and to produce a determination of blood towards the surface.

Dulcamara—bittersweet—is alterative, diuretic, diaphoretic, discutient, narcotic, emetic and antisiphilitic. It has been

successfully used in feeble circulation, cold and purplish extremities, scaly conditions of the skin, syphilis, catarrh of the bladder, nasal catarrh, acute bronchitis, eczema, ovarian congestion, and in suppression of the menses.

J. A. BURNETT, M. D.

McLoud, Okla.

EXPERIENCES WITH TYPHOID AND PNEUMONIA.

It is a deplorable fact that the great majority of physicians will not advance along the line of treatment of fevers, especially typhoid and pneumonia. For thirty years of my life (professionally) I dwelt in a country comparatively free from these disorders, in all these years being able to count on my fingers the cases.

One case well remembered I was called to attend when the physician in charge was called away. No instructions were left as to treatment but I was told to do as I pleased. The case was pronounced typhoid of two weeks' duration. In less than twenty-four hours my patient convalesced. Your mind, kind reader, will say, mistaken diagnosis. Well, here is another:

My father, prostrated with typhoid pneumonia, given up to die by Philadelphia's best talent. I was summoned nearly 1,800 miles to his bedside to see him come to consciousness and convalesce in ten hours. No mistake here.

My brother-in-law in Chicago was recently prostrated with pneumonia. His wife wrote me for treatment, said the attendant was giving codeine and strychnine. I remonstrated, sent my treatment, but advised to send at once for Dr. Abbott, because I had perfect confidence

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Abdominal Plethora: Give a dose of colocythin, gr. 1-6 at bedtime twice a week, and a saline next morning.

Abdominal Plethora: Give colchicine gr. 3-134 at bedtime every alternate evening, and limit the food and drink.

in his treatment. For some reason his services were not obtained, patient died. Another physician had been called who gave oxygen. Now I ask who is responsible for this teaching?

Here in Virginia we have both diseases and the mortality large. Two strong, healthy persons, father and mother, died of typhoid under whisky treatment. A child recovered but just escaped death.

I have just treated a bad case of typhoid by the use of, first, calomel (although bowels moved almost constantly), then pushed the sulphocarbolates and bismuth, pouring them out in papers regardless of exact dosing. This alternated with digitalin, veratrine and aconitine, at first every hour, then less frequently, brought convalescence after the fifteenth daily visit. In this case the temperature on the first day was 104.8, and fell gradually to normal; the bowels were soon controlled to one action daily. This is not my only case in three years in this locality; have had no complications, delirium, or loss by death. Lucky, you say? No other physician here has had a similar experience. All of the cases were poor, without the comforts of life or good nursing. No wonder so many sufferers are dissatisfied and are going over to Christian Science. I would rather trust myself in the hands of nature's God, than be treated by these doctors licensed to kill.

While in Nebraska in 1871, was prostrated with typhoid, typical case, nearest physician forty-five miles and across the Missouri river. I refused medical aid, was in bed twenty-eight days. My diet, ice-cream (with little sugar, no flavor) *ad lib*. Was not bathed the whole time and took but one dose of medicine.

Abdominal Plethora: Enjoin a fruit diet, exercise while fasting, cold baths, rough towel and massage daily.

Severe pain thought due to perforation called for thirty drops of tincture of opium, and was relieved. Was in a log hut alone, waited on two or three times a day by a kind farmer.

In conclusion, clean up, disinfect outside and in. I believe in suggestion. Tell the patient what you expect to accomplish, then shoot straight with the alkaloids when you can get them.

GEO. ROBERTS, M. D.

Lincoln, Va.

VARIOUS HINTS.

The time approaches, yea, is near, when I shall cease to practise medicine. I am more than 75.

I frequently see inquiries for remedies to control some difficulty that seems simple, for example, enuresis. Now belladonna is a remedy recognized by all schools as efficient in controlling the outlets of the body. I have always succeeded with it, or Lloyd's Thuja. Mullen oil is still another highly lauded and has stood the test of years, but this I have never used because I could not procure it.

Displaced womb: If the womb is displaced, it is from weakness of the suspensory ligaments. What good then can pessaries do? If those who are so regular would use the homeopathic remedy, sepia, 3x, the womb would right itself; and if it needed a further tonic, the eclectic remedy *senecio aureus* would keep it righted.

Painful urination: *Apis mel* or *eryngium* (Lloyd's).

Suppressed urination: Hot bath and *gelsemium* (Lloyd's.)

Pain at base of brain, neck and shoulders: *Sticta pulmona*. If from erysip-

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Abdominal Plethora: Have the patient lie flat on the floor and rise to sitting without bending knees 25 times a day.

las, tincture of chloride of iron.
Wash for erysipelas: Tincture chloride of iron and water, aa.

Painful menstruation: Macrotys. In every case of using galenicals use Lloyd's; they are of uniform strength and will not disappoint you.

Your two CLINICS are all right, and you are liberal-minded men. But why not make yourselves acquainted with the efficiency of small and finely divided doses, whether they be homeopathic triturations with sugar, or galenicals with water? Also why not keep conspicuous the homeopathic law that remedies have selective influence for different parts of the body, e. g., bryonia for the right side and rhus for the left?

Every regular knows that many drugs have selective influence in the bowels.

G. P. BISSELL, M. D.

Woods, Ore.

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Let us have the evidence, as to bryonia and rhus, etc. We are ever ready to be enlightened.—Ed.

FALLACIES.

It is a fallacy to say that preachers and other public speakers suffer from throat affections—"preachers' sore throat"—because of the frequent use of the throat in speaking. They breathe through the mouth, generally in stuffy, overheated rooms, or damp and cold ones, crowded, the air full of dust and many irritants. Cure: Breathe through the nose, and thoroughly cleanse the nose and throat after each effort at speaking.

Another fallacy: Hot breads do not cause indigestion. But because they are soft, they are not thoroughly masticated. Cold foods and drinks have to be raised

to the temperature of the stomach before digestion can commence. Eat slowly, and masticate thoroughly, all food.

Scrape a raw Irish potato and apply it to a burn.

Picric acid, besides being valuable when applied to a burn, is good in an injection for inflamed and catarrhal conditions of the urethra, bladder or rectum.

Pilocarpine that you so frequently recommend, should be given with some heart-tonic, unless you yourself can stay to note the effects.

Try a hot footbath at bedtime to relieve insomnia.

* * *

ERYSIPELAS.

Erysipelas is an acute contagious inflammation due to the germ bearing a similar name which inhabits the lymphatic spaces of the skin and serous mucous membrane.

Etiology: Being carried by fomites, wounds, lowered vitality, puerperal women, pre-existing skin lesions all predispose. Generally prevalent in spring or fall.

Pathology: Inflammation, generally on face, characterized by redness, bears a scarlet hue which usually turns yellowish. May affect scalp or extremities.

Histologically we notice accumulated streptococci in lymph vessels.

Symptoms: First noticed on tongue and fauces, then follows the course of the eustachian tube to the face, with great pain, chills, elevation of temperature 104 to 107, presence of wound, scratch or cut with crimson colored swelling, surface glazed, gastric symptoms generally present, urine dark red, albumin present, blood and bile gener-

Abdominal Plethora: Forbid the use of all malt liquors, and limit the fluids as closely as you can induce obedience.

Abortion: To prevent threatened abortion a dose of ergot enough to steady the uterine fibers and stop bleeding.

ally, spleen generally swollen with slight pain extending to kidney, pulse full and rapid, tongue coated. Swelling subsides generally in five days followed by desquamation. Fever falls by crisis, swelling presents a sharply defined ridge, with burning or stinging pain.

Prognosis: Should be guarded, mortality being about 12 per cent. Death may result by its extension to the peritoneum, brain or by exhaustion. Complications are arthritis, synovitis, infectious pneumonia, abscesses, albuminuria, endocarditis, blindness.

Treatment: Locally use antiseptics. These are sheet anchors; 1-1000 mercuric chloride solution, 3 to 5 per cent carbolic acid solution, ammonium chloride solution. Dr. Lewis recommends painting by white lead. Saline Laxative early. Hypodermic injections of corrosive sublimate 1-1500 are advised by Ducray; or pilocarpine, which must be administered until its effects are noticed, contraindicated in heart affections.

Quinine internally, 8 to 10 grains per day, and tincture chloride of iron, are said to be specific. Aconitine to reduce temperature. Turpentine or veratrine may be used as a cardiac stimulant, calcium sulphide to prevent suppuration.

Tyson has used aconitine nitrate, crystal, and reports it almost invariably diminishing the duration, and preventing the recurrence or complications. Bicarbonate of soda solution, bismuth, salicylic acid, salol, sulphur ointment (equal parts of sulphurous acid and water, Dewar), ichthyol ointment, tannic acid and camphor solution, collodion, zinc oxide and carbolated ointment, are highly recommended. Lead water and laudanum, silver nitrate solution, acetanilid, boric

acid, creolin, elm, hamamelis, picric acid, may also be tried; or tincture of chloride of iron, tincture cinchon. comp., quinine sulphate, equal parts, locally, cover by lint. Or tincture of iron, fl. ext. ergot, glycerin, of each 3 drams; paint on surface two or four times daily, cover. Tincture of iodine painted over edges is said to limit the disease. Cold applications are not available unless when the pharynx is affected.

Diet: Milk, eggs, champagne, beer, beef tea.

E. F. BENNER, M. D.

Salfordville, Pa.

BITES.

A lemon sliced and applied to the bite of a granddaddy will relieve it quicker than anything else.

I have been a constant reader of THE ALKALOIDAL CLINIC since 1898, and have learned more from it than from any other journal. I have learned to love Drs. Abbott and Waugh for their honest and bold stand on all questions of importance, and can say Amen to their answer to the Query on "Temptation."

W. J. SMITH, M. D.

Wieland, Texas.

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What is the granddaddy that bites?
—ED.

DR. LINK.

On pages 1109-10 in ALKALOIDAL CLINIC for November, you tell of old Dr. W. E. Link and his remedy, and ask: "Should he tell it?" I say, such knowledge is just as much his private individual property, as anything he ever

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Abortion: To stop uterine contractions absolute rest and viburnin gr. 1-6 every ten minutes till effect is secured.

Abortion: To quiet irritation and calm and steady the excited organ give macrotin gr. 1-6 every ten minutes.

possessed or can possess, regardless of its intrinsic value.

"Our noble profession" holds and teaches some very silly and impractical ideas. I have quite a large medical library, from Hippocrates to date, books and journals, but I paid for all of them, in coin of the realm, earned by hard, honest work. Since 1844 I have been gathering ideas, paid for all of them. Now if these ideas, books, etc., are not mine, who does privately own anything?

I would like to see all the anarchistic foolishness thrashed out of this hoary superstition. Do you dare give it a few well-directed whacks with your good, keen whip? Yes, we will openly stand by you, while you slap contemptible "Mrs. Grundy" boldly in her hypocritical face. The time is now ripe for action: "Lay on, my good Mac Duff, and damned be he who first cries hold, enough."

Q. C. SMITH, M. D.

Austin, Texas.

**PHYSICIANS AND SURGEONS
SHOULD COUNTENANCE THE
UNITED STATES DEPARTMENT
OF AGRICULTURE.**

Prelude. The Massachusetts Medical Society was told at its meeting in 1902 that the said department asked the countenance of the profession. The writer, a member, heard and cordially approved, as its great and noble work is intensely important to the medical profession. It lies in the domain of the four kingdoms of food without which man dies, and paradoxical as it seems cause three-fourths of human sickness and disease, in the writer's opinion. The four kingdoms of food during man's extra-uterine life are: 1. Mineral (air); 2. Animal (milk); 3.

Vegetable (wheat); 4. Spiritual, including the mental perception, intellectual. The highest type is the word of God. Others are language, literature, innate ideas, music, painting. A mindless, intellectless, soulless man is hard to conceive of. While his body perishes, his soul lives. A writer well says: "The life of man is in his personality, in the mental and moral condition of his own soul."

Lude. Let us look over the 1901 year-book of the United States Department of Agriculture, and see what fasciculi are devoted to food. It is an octavo of over 800 well-printed and finely illustrated pages. It is a small fraction of the department's output and free to the asker. Want of space precludes but a few items briefly named.

1. Mineral food kingdom. (A) Page 207, timber in Nebraska. It purifies air from carbonic acid and retards evaporation of moisture. Waterless air means death. (B) In influence of environments of soils, fertilizers, temperature, rainfall, cultivation, in this chemical composition of plants must generally affect their food qualities, page 299.

(C) Reservoirs in the Rocky Mountains.

(D) Floods of flood warnings.

2. Animal kingdom. (A) Grazing in forest reserves.

(B) Farm animals.

(C) Dietaries in public institutions gives the chemist's view. Somewhat difficult to apply in medical practice as it is hard to understand the high value of calories or units of heat. Page 399 gives 3400 calories as a standard for one day for a man in health. Physicians sometimes have to get rid of heat as in fevers.

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Abortion: To quiet the irritation of the uterus and soothe it, gelsemin gr. 1-12 every half hour till eyes droop.

Abortion: Aletrin is one of the remedies that has the repute of quieting uterine irritation; gr. 1-6 every ten minutes.

Fats and sugars are richest in calories but man can't live on fats and sugars alone because of indigestion, cloyed appetite because there are not enough elements to supply the liver in metabolism, nor to make a normal body; because of fatty degeneration of muscles, glands, and because of the nutrition of oils for solids or semi-solid fat acids. While we welcome the chemists' work in foods as indispensable, we need also the work of the physiologist, pathologist, biologist, physician.

The way to test dietaries in connection with chemistry is to feed healthy men on single solid foods, with water, coffee or tea for drinks, and see how long they can live on these in health until sickness comes, to see what that sickness is and how the blood, urine, feces, sweat, etc., morphologies pan out. Diseased men might be tried cautiously. Such work already has been fruitful, for example, lean normal beef has removed from the urine albumin, casts, fatty epithelia; from the blood, oil and fats in the leucocytes. Food high in calories prevents their removal and helps to cause them.

There is great reason why the said department should be countenanced.

3. Vegetable kingdom. (A) Plant nutrition and health. Many of the things here said apply to man. The words as to nitrogen are full of importance. We long for the time when nitrogen will be understood as it ought to be.

(B) Cotton-seed oil replaces olive oil.

(C) Little known varieties of apples, peaches and grapes.

(D) Tropical agriculture.

(E) Home fruit gardens.

(F) The woodcock and wood-duck. Game.

(G) Beet sugar.

(H) Wheat ports in the Pacific.

(I) Statistics of 1901. Wheat, oats, barley, rye, buckwheat, potatoes, etc.

4. Spiritual kingdom. (A) Rural common schools.

(B) Convict road building should be considered in the light of the awful mentality of convicts made idle by labor unions and going insane.

(C) Lists of United States agricultural colleges and institutions, 62 in number. Agricultural experimental stations 55, all furnishing intellectual lore.

(D) Mountain roads as revenue for health and recreation.

This is only a partial survey. Surely more is being done in this department for the medical profession than the medical profession is doing for itself in these lines.

Postlude. When said profession gives the countenance asked for, we wish them to ask that the following researches be made in case the great benefactor Carnegie fails to provide for them.

1. Feed men on single foods to see how long they can live on them and what are the biologic effects. Peculiarly valuable for the army and navy rations, hospitals, asylums, prisons, farms and colleges.

2. What foods cause or promote fatty ills.

3. What foods prevent them.

4. What foods promote tuberculosis.

5. What foods promote diseases of women.

6. What foods promote diseases of the nervous system.

7. Specially feed solely on alcoholic liquors to see what they cause, and thus settle the present great difference of opinion.

Abortion: Helonin has much reputation as a soother of an excited uterus. Dose, gr. 1-6 every quarter hour.

Abortion: A hypodermic of morphine will sometimes stop the uterine contractions and save the child's life.

8. Tell how to cook cereals to perfection.

9. Tell what foods have the most assimilable nourishment in all the kingdoms.

10. Tell what foods are least pathologic.

11. Suggest some way in which the people may be protected from beef that is under some fatty degeneration.

A vital question: Old bull, old cow, young heifer, Texas wild cattle, beefs are probably under this head.

I hereby acknowledge my debt to the United States Department of Agriculture for the information that in the urine of cattle are found albumin, casts and fatty epithelia, and in the blood of cattle, free oil and fat in the white corpuscles (leucocytes). Such signs in man mean Bright's Disease. I have found shamble beef muscles, undergoing fatty degeneration in granular, globular, spheroidal, amoeboid and anti-fractuous forms. Is it possible that the inspectors pass Bright's Disease beef?

EPHRAIM CUTTER, M. D.

New York.

TYPHOID FEVER.

Since writing the article "Typhoid Fevers not Abortive," which appeared in the October ALKALOIDAL CLINIC, we have had a little touch of typhoid fever in our town. Some thirteen cases in all and three deaths. I am still here to say that we cannot abort typhoid fever as yet, notwithstanding the numerous articles we see in American medical journals to the contrary.

In a journal now before me is an article on typhoid fever, in which the author

claims to have had 200 cases in the past seven years, without a death. If this is the case what a boon to the community is the author of this article. Where, oh, where are the learned men of our profession! They do not begin to claim such good results and I always thought they claimed enough. Must we look elsewhere than to the heads of our colleges and hospitals for abortive treatment of this dreadful disease?

I know that Jenner, and Marion Sims, and Hunter McGuire, were not at the head of any great medical colleges and hospitals, when they made themselves famous. Jenner had to bear a great deal of ridicule before his great discovery was recognized by the medical profession. Perhaps I am not giving due credit to the new satellite in the west, but if his treatment is one-half as good as he represents it, I will come down out of the tree and make obeisance to my superior.

Now the cases I have had this fall and the way I did not abort them I will relate. Of the eight cases I shall describe there were four each in two families.

No. 1. Mrs. P., 35, had been feeling badly for a week before I was called. Pain in the back of the head, tired and very nervous, temp. 102, pulse 90, constipated and sleepless. Her afternoon temp. was never above 102.5, morning temp. was from 100 to 101, on the morning of the thirteenth day 98, from that time to the twenty-second day fluctuated between 99 and 100, from the twenty-second day remained normal, and she regained strength slowly although her case was mild.

No. 2. B., 5, taken sick three days after her mother, temp. 104, pulse 130. Her morning temp. 102.5 and afternoon 104 till the eighth day, when it dropped

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Abortion: When repeated abortions are due to syphilis the use of gold salts will prevent the recurrence.

Abortion: When repeated abortions are due to syphilis of either parent give mercury during pregnancy to mother.

to 101 in the morning and did not go above 102.3 in the afternoon after that.

On the morning of the twelfth day temp. 98, rising to 100 in the evening. The next two days temp. did not go above 98.5 nor below 97.5. On the fifteenth day and to the eighteenth day inclusive, the morning temp. was 96, pulse 70 to 76, evening temp. reaching 98.5. From that time on she made a rapid recovery.

No. 3. M., 10, sister of No. 2, was taken sick fourteen days later, temp. did not go above 103 and after third day was not above 102. Fever ran for fifteen days and had been normal for a week, when she had a relapse and had fever for two weeks more, running about the same as the first two weeks; recovered rapidly.

No. 4. H., 13, sister of 2 and 3, a very large girl for her age, taken five days later, felt badly for five days before she went to bed; afternoon temperature did not go above 102.6, pulse 108. On sixteenth day she had two small hemorrhages and one on the seventeenth day, fever lasted just twenty-one days, made a good recovery.

No. 5. In the next family, B., 16, not a strong girl and had not been well all summer, suffered very much from constipation for years. I saw her the fourth day after she went home, temp. 104, pulse 130, very restless, bowels moving freely, quite a little soreness over bowels. For the next four days the morning temperature was from 101 to 102 and the afternoon 103 to 103.5, and from that time to the eighteenth day the fever varied from 100 in mornings to 101.2 in evenings. Rested quite well every other night; other nights she was restless and very talkative. From the

eighteenth day to the twenty-fourth evening temp. reached 102.5, pulse 115. The twenty-fifth day temp. in afternoon was 101.2, pulse 114, and on the twenty-seventh day, 9 a. m., temp. 101, pulse 104, and 4 p. m. temp. 98, pulse 130, pain in bowels all day, quite tympanitic and tender, I was certain that there was perforation. I doubled the dose of strychnine, making the dose gr. 1-30 every three hours with digitalin. Gave large doses of Dover's powder and bismuth subnitrate. Called again at 10 p. m., found temp. 104, pulse 130 and fluttering, very restless. Gave her a hypodermic of strychnine, glonoin gr. 1-250, morphine gr. 1-4, repeated in three hours, result *nil*. Patient restless all night, vomited several times during the day and twice during the night. She died at 3 p. m., the thirtieth day.

This patient had six or eight hemorrhages, two quite profuse during the second and third week, and was given two granules each of ergotin and digitalin every three hours for four doses a day; Dover's powder and bismuth subnitrate for restlessness.

No. 6. May, 20, sister of B., headache, temp. 101, pulse 96. On the fourth day her temp. did not go above 101, pulse 96. Temp. remained normal after twelfth day, case very mild yet some time before she felt strong.

Nos. 7 and 8, aged 13 and 8, brothers of latter cases. F's temp. varied from 101 to 102 mornings, to 103 to 104 afternoons, till the twelfth day; and from then to the nineteenth day the morning temp. was 100 to 101, and from 101 to 102 in the afternoon.

On the twentieth day the afternoon temp. was 100, on the twenty-second day 98, and on the next two days 97.



Abortion: When hemorrhage has already commenced, oil of rue may stop it. A drop every quarter hour if well borne.

Abortion: If the hemorrhage is free the coagulability of the blood may be increased by tannic acid in full dosage.

G.'s temp. did not go above 102 at any time and after the fifteenth day he did not have any fever. Both made rapid recoveries.

I have given the history of these cases that the readers may draw their own conclusions as to what results antiseptic treatment had on them. All the cases were treated very much alike, calomel from gr. 1-4 to 2 was given to each every morning until the end of the second week, when castor oil was given as it moved the bowels better than the calomel in those that were constipated. Quinine in doses of gr. 2 was given to all, four times a day, for its tonic effect, and I believe quinine acts as an antiseptic in the alimentary canal. Antiseptic tablets of sulphocarbolate of zinc, lime and soda, were given every two hours for eight doses a day. Strychnine sulphate gr. 1-60 after first week in each case, with the quinine; turpentine was used in all cases once a day, and twice a day in those that showed any signs of tympanites and a dry tongue. Dover's powder and bismuth subnitrate were given for pain and restlessness at night.

Diet: Cow's milk, malted milk, white of eggs, in all cases during the fever and for one week after fever had subsided. Ice-cap was used in all cases when the temp. was 102 or more; cold sponge bath from two to six times a day if fever remained 102 or over; tepid baths to all every evening.

In No. 7 I gave gr. 10 of guaiacol carbonate twice a day, and applied liquid guaiacol in the ileocecal region twice a day, for ten days after the first week of fever. I could not see that it had any beneficial results on the fever.

In all the cases during the first week of fever, aconitine and veratrine were

given, one granule of each every hour for four doses to the adults, and the children in proportion to their age; this given twice a day probably quieted the pulse and reduced the fever for a short time. The cold sponge bath would reduce the fever for a time. Some may say I did not give enough of the antiseptic tablets to abort the fever. Forty grains a day was certainly enough for the little girls of 5 and 10, and the boy of 8, and yet it did not abort the fever.

Typhoid fever in children does not often run more than two weeks.

Now, I have given you eight cases which were not aborted, to one case which you claim to have aborted. I am not going to question for one moment the case, nor the ability of the pathologist who examined the blood of the patient. If genuine, typical old typhoid, all wool and a yard wide can be aborted, I want to know it. I cannot accept your one case as evidence that typhoid fever can be aborted. You know the old adage that "one swallow does not make a summer." I do not say that we will never find a remedy to abort the fever, but I do say I do not believe we have found it yet. All glory and honor to the man who shall make that discovery, and save the human family from that dreadful disease that kills hundreds where small-pox kills one.

The author who claimed to have had 200 cases without a death winds up his article by saying: "Should this short article help some flounders out of the mud we shall feel amply paid for the time we have given it." If this western satellite has had such brilliant results as he claims, he certainly is on the mountain tops, while I and thousands of my



Abortion: For hemorrhage continuing after the expulsion of the fetus give ergotin gr. j every half hour or oftener.

Abortion: For hemorrhage after the loss of the fetus give macrotin gr. j repeated every hour till bleeding ceases.

professional brethren are in the mud. If I can be convinced (and I am willing to be) that his treatment will do what he claims, I will be ready to give him the right hand of fellowship.

W. E. DODDS, M. D.

Richland, Ia.

—:o:—

All that is proved by Dr. Dodd's report is that he did not abort any of his cases. That we admit. Nobody claims that all cases can be aborted. But for him to affirm that because he failed, no one else ever did or could succeed, is a bit of reasoning strictly on a par with that of the Irishman, who, when two witnesses testified to seeing him commit a crime, offered to bring 200 who didn't see him do it. Dr. Dodds very ungenerously tries to throw doubt on the case we quoted by disparaging the diagnosis; yet he does not give any specific fault. And one case is quite enough to prove the possibility and that's all we contend for. His therapeutics appear to have been directed stiffly, by rote rather than by indication. His doses may have been too much or too little, for he does not tell us whether the bowels were completely emptied and then kept aseptic, or not. He does not leave the impression that he had his cases well in hand. Calomel is rarely required after the first day, turpentine never till the third week, but he seems to have used both throughout. If the sulphocarbolates did not disinfect the stools he should have used the zinc alone, in "dose enough." The quinine could only do harm. Dover's powder should not have been needed with complete asep- sis. Castor oil is not as good as saline laxatives. Ice-caps have not been required by the writer in 22 years of anti-

septics, and that they should have been requisite in all eight cases is simply incredible. Veratrine is rarely admissible after the first week, and not often then.

Very frankly, the treatment gives the impression of being unskillfully applied.—Ed.

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### TENIA.

I consider your tape-worm remedy a "dead-shot." After fasting a patient for thirty-six hours I gave three-fourths of the contents of a bottle. In one hour thirty feet of tape worm, including the head, passed in one movement. No disagreeable effects from the medicine. Patient and doctor well pleased, and the latter well paid.

I am so well pleased with both CLINICS and tape-worm remedy, I could not help writing.

S. R. WENTZ, M. D.

Baltimore, Md.

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### EUPHORBIA.

The specimen of euphorbia which you so kindly named for me, has been used by the people here for a long time, for all kinds of diarrheas, and they claim it always cures.

One baby a year old had a bad "flux" last September, and its grandmother dosed it with the tea made from the plant I sent you; and it was soon cured, so she claimed. But you said it seemed strange, if one species of the family should act so differently from the other members of the family.

T. W. MUSGROVE, M. D.

Mission, Wash.

• • • • •

Abortion: For hemorrhage continuing long after the expulsion of the fetus give digitalin gr. 1-67 every four hours.

Abortion: When hemorrhage continues after the expulsion of the uterine contents give hydrastinine gr. 1-12 every six hours.



# AMONG The BOOKS

*Diseases of the Eye, Nose, Throat and Ear.* Edited by Drs. W. C. Posey and J. Wright. Illustrated with 650 engravings and 35 plates in colors and monochrome. Publishers: Lea Bros. & Co., Philadelphia. \$7.00.

Of the 1,199 pages of this formidable volume, 685 pages are occupied with the eye, 386 with nose and throat and 128 with the ear. Twenty-seven public teachers contribute to the various phases of these diseases, and their mutual relation to each other and to the various diseases of the human organism. The latest and most successful modes of examination, both clinical and laboratorial, and treatment both surgical and medical, are given in fullness, clearness, by word and picture, so that little if anything at all is left to be desired. The book is designed chiefly for the "specialty" of general practitioners; and for whom Chapter XIII on "The Eye in its Relation to General Diseases," seems to be specially and admirably written, by Prof. Dr. C. F. Clark, of Starling Medical College. That chapter alone is worth half the price of the book, if a material valuation can at all be set on such a priceless aid in practice. This chapter does for the eye what Drs. E. P. Friedrich, of Liepsic, and H.

Holbrook Curtis, of New York, did for rhinology, laryngology and otology in their significance in general medicine. But no less admirable too are the parts of the volume on the nose, throat and ear.

✽

*Sexology.* Edited by Prof. Wm. H. Walling, A. M., M. D. Puritan Pub. Co., Philadelphia, 1902. Price, \$1.00.

This little book of but 138 pages is one of the few on the subject worth reading. It is written as an "educational edition for the homes," that is, we would say, for the fathers and mothers but not for the youths and children.

The relation of the sexes out of and in wedlock, in infancy, childhood, youth, maturity and old age, has always been the vexing problem for the people of the world and the object of the solicitous prayers of Christians. There have been and there are plain writers about it, whose diction is as offensive as the nude body is outside of the clinic. There are others who under a pretentious or misunderstood purity advocate a semi-celibacy which leads to perverted and damaging practices of the natural demands. This book is free from all these. The

author writes from the Christian point of view of both faith and morality, and to Christians who are ill-informed of facts which are vital for their families. The author is well acquainted with the so-called upper classes of society and lays bare their defects in the concerns this book treats of.

Part third, of the education and mission in the largest sense, of girls and young women, is, even with the very few exceptions one may take, excellent and plain spoken. So is, and even more so, part seven, and some parts of this part might form a most excellent little tract to be put into the hands of every nuptial male candidate. None but a physician can know of the horrible mistakes which some such even honest candidate may make. And yet the author tells, alas! no new things, but we owe him thanks for speaking so plainly, fearlessly, and from a Christian-instructed spirit. We shall know what book to recommend in the often recurrent inquiries made of us.

❖

*The Circulation of the Female Genitals.* Being seven large and smaller charts. Drawn from x-ray pictures by Dr. H. Pratt and dissections by Dr. Byron Robinson. Published by E. H. Colegrove, 65 Randolph St., Chicago, 1902. Price \$1.00.

These charts illustrate the painstaking labors of that original anatomist and gynecologist, Byron Robinson, which throw so much light and give such invaluable points in surgery, medicine and gynecology. If for nothing else than to give the mind a more truthful conception of the vascular system of the female generative organs than we get from our

text-books, and even from the dissections we have made ourselves during our school days, or hereafter, these charts abundantly deserve a close study by every physician. And all these for one single dollar.

❖

*Stringtown on the Pike.* Whoever read this absorbingly interesting novel (and whoever did not, let him or her do so), will find the last unwritten chapter of it, and an interesting account of the real Stringtown and its people, in the *Woman's Home Companion*, of Springfield, O., for September and October. Ten cents each.

❖

*Spectacles and Eye Glasses*, their forms, mounting and proper adjustment. By R. J. Phillips, M. D. Third edition with 52 illustrations. P. Blakiston's Son & Co., 1902. Price, \$1.00.

A most useful monograph for any physician, but more especially for the country physician who must be not only an oculist but a mechanical optician also. It is a fact that not every oculist is that, just as the *vice versa* is more than often true.

❖

*The Public and the Doctor.* By a Regular Physician. Published by Dr. B. E. Hadra, Dallas, Texas. Price, \$0.50.

This little book is intended for placing where it will do good, and the good that is most painfully needed. "My people perish for lack of knowledge," says the good old book, not "faith"—of that there is an overplus and especially in the wrong direction. The common industrious working people, the bone, marrow

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Abortion: When fatty placenta has once caused abortion, in subsequent pregnancies give iron phosphate throughout.

Abortion: If hemorrhage occurs but the fetus retains life, look out for placenta previa at the confinement.

and sinews of the country, need instruction, knowledge, in what the relation of the physician to the patient, the family and the public, should be, which is far from what it is. And this little booklet, with its thorough intelligence, its kindly spirit and simple language, meets this necessity and should be, therefore, circulated by the thousand. We suppose, that physicians who desire to get this booklet by the dozen might get a discount. Any way, send for one and see whether we are right.

❖

*Memoranda on Poisons.* By Thos. H. Tanner, M. D., F. L. S. Ninth edition, revised by Henry Leffmann, A. M., M. D. P. Blakiston, Son & Co., Philadelphia, 1902. Price \$0.75.

A little 5x3½ inches book of 177 pages, which in time of need may outweigh volumes and folios in value to its possessor. Poisons at the present day are frequently met with in every-day life. They may be found in our food and drink, in our clothing and dwelling, and in the shop where we work. No physician's library should be without a work on Poisons, or that library may not be worth a farthing in time of need. This little manual is handy, reliable, cost very reasonable. Get it, if you have no other, or even if you have.

❖

*The Development of the Human Body. Embryology.* By J. Playfair McMurich, A. M., M. D. 270 illustrations. P. Blakiston's Son & Co., Philadelphia. Price \$3.00.

The book contains the latest that was ascertained on the subject and much that

is yet more or less *sub judice*. It is refreshing and augurs well for the sciences in our day, that scientific authors no longer, as they used to do in no distant past, seek to impose upon students and readers some pet opinion of theirs as a well-ascertained fact. However, much we may excuse the *ipse dixit* assertiveness of some scientific persons on the score of a personal equation, we cannot be thus lenient with a public author of any eminence. We are glad to recommend the book before us for its impartial truthfulness, which is to be expected from an author who follows the strict original observation of His of Leipsic. And one word more to the medical reader, remember that embryology is no longer a mere ornamental addendum to our knowledge of medicine, but that it is not infrequently a help in difficult diagnosis, therapy and prognosis. Whether student or practitioner of medicine you will find this book very helpful.

❖

*Diseases of the Pancreas and Their Surgical Treatment.* By A. W. Mayo Robinson, F. R. C. S., and B. G. A. Moynihan, M. S. (London), F. R. C. S. Handsome octavo volume of 293 pages, illustrated. Philadelphia and London: W. B. Saunders & Co., 1902. Cloth, \$3.00 net.

From year to year our knowledge of the physiology, diseases and medical and surgical therapies of the pancreas is increasing. This knowledge is to a very great extent gathered up in this excellent volume and is made practical by the successful cases of cure herein detailed. It is only a few years since some one spoke in this CLINIC about how little we

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The way to become a good doctor is to study Waugh's "Treatment of the Sick."  
—F. V. Bryant.

In "whisky fits," or in "fighting delirium," give apomorphine gr. 1-12. hypodermatically.—  
R. J. S., Montana.

knew about the pancreas. Now this volume marks an immense progress in this line. And may we not be allowed on this occasion to ask: Who were the physicians that gave us this knowledge? Any homeopath? Any sectarian eclectic? Any one of the smaller ismists or paths?

Not a bragging soul of them. We who are of the universal school of searchers and plodders and experimenters and healers, we do not brag but work, tell the truth and frequently bless the sick and dying world. Excuse, reader, this effusion, it flowed out of the writer's pen.



*A Manual of Skin Diseases* for the use of Students and Practitioners. By Alfred Schalek, M. D., of Rush Medical College, Chicago. In one handy 12mo volume of 225 pages, with 34 illustrations. Cloth, \$1.00, net. Lea Bros. & Co., Publishers, Philadelphia and New York, 1902.

This is one of Lea's excellent series of medical epitomes, reliable, succinct, comprehensive and plain. Just the thing for the busy student.



American Edition of Nothnagel's Practice: *Diseases of the Bronchi and Pleura; Pneumonia*. Diseases of the Bronchi, by Dr. F. A. Hoffmann, of Leipsic; Diseases of the Pleura, by Dr. O. Rosenbach, of Berlin; Pneumonia, by Dr. F. Aufrecht, of Magdeburg. Edited, with additions, by John H. Musser, M. D. Handsome octavo volume of 1,030 pages, illustrated, including seven full-page colored lithographic plates. Phila-

delphia and London: W. B. Saunders & Co., 1902. Cloth, \$5.00 net; Half Morocco, \$6.00 net.

Delightfully cosmopolitan is the science of medicine becoming in this country. We are not young enough not to remember when foreign, that is, not English written, medical works were looked askance at by those of a provincial pseudo-patriotism. And the same thing was done in Germany, France, Italy and the rest of Europe towards us American physicians and perhaps with some justice. Now all this is changed as we see it done by this volume. The American-English edition of the presently most prominent work in medicine, which is edited in German by at present perhaps the greatest therapist in the world, Nothnagel of Vienna, Austria, is edited by a man of German descent, Dr. A. Stengel; and the present volume on the Diseases of the Bronchi, Lungs and Pleura, written by three prominent German authors, is edited "with additions" in English by another American whose name betokens also German descent, and whose fame is both American and European. And all this is done with the perfect approval of the German original authors. This is a triumph of medical science over the paltry, petty pride of a nationalism out of place.

Musser's English additions secure for this volume a necessary superiority over the German edition, by reason of latest discoveries which at the present rate of scientific progressive research accumulate in a year or two; and we can be sure that any discoveries of value for the subject treated of in this volume have not escaped Musser's studious attention. We American physicians can justly congrat-



Strength comes by resistance, is maintained by resistance. but in this as in all things, be temperate.—P. M. Wise.

Give a man a patient listener and a woman unlimited pens, ink and paper, and you will have their secrets.—P. M. Wise.

ulate ourselves on this volume, and feel truly grateful to the German and American authors for their labors and no less to the publishers of this volume who materially so finely executed it and commercially furnish it at so low a price.



*Bacteriological Technique.* A Laboratory Guide for the Medical, Dental and Technical Student. By J. W. H. Eyre, M. D., F. R. S., Edin. Octavo of 375 pages, with 170 illustrations. Philadelphia and London: W. B. Saunders & Co., 1902. Cloth, \$2.50 net.

A most useful, or better say, indispensable book for beginners to lay a sure and reliable foundation for carefulness, reliance and skill in bacteriology, in future advance work, both diagnostic and original research.



*A Text Book of Diseases of the Eye.* By G. E. De Schweinitz, A. M., M. D., of the University of Pennsylvania. Fourth edition, revised, enlarged and entirely reset. Octavo volume of 773 pages, with 280 text-illustrations and 6 chromolithographic plates. Cloth, \$5.00 net.

The honorable history of this work is as follows: Copyrighted February 1892, reprinted January 1893 and August 1893, recopyrighted May, 1896, reprinted August, 1897, recopyrighted January, 1899, and now 1892 copyrighted by W. B. Saunders & Co. in the U. S. and registered at Stationers Hall, London, England.\*

Now unless Dr. De Schweinitz telepathically hypnotized all those who bought the book, there must be an im-

mense amount of good teaching in this work, for "you cannot fool all the people all the time." We are indeed at a loss of expressing our satisfaction with every chapter of the hand-book. Every chapter we turn to for every disease that has interested us for years, for systemic diseases in their relation to ocular diseased phenomena, we find treated of in this volume of only 773 pages with a surprising freshness and ultimateness, and withal given in an admirably clear English diction. If you want the latest on ophthalmology and if you are at all acquainted with this science or desire to become so, we advise you to ask the publishers to kindly send you the table of contents and you will soon see that we are not exaggerating in the estimate of the book. Of the mechanical and artistic outfits of the volume we can only say that they are worthy of the intellectual material they embody.



*The Story of a Living Temple.* By Frederick M. Rossiter, B. S., M. D., and Mary Henry Rossiter, A. M. Published by Fleming H. Revell Co., Chicago, New York, Toronto, 1902. Price \$1.00.

The idea that the human body is a temple in which God lives any more than he does in the body of the brute, or the plant, or the mineral, grows out from the pleasant delusion that Paul the Apostle treats it so in I Cor. 3:16, to which the authors refer on pages 3 and 4; but an honest reading of the context shows that Paul is wrongly charged with this error, as he refers to the individual church at Corinth as a body. The same misapplication is made of II Cor. 6:16,



Check stubs and stubs of the toes are quite alike in their moral effect—they bring a man to time—to consciousness.—P. M. Wise.

Why is it that we get no reports on Collargolum in gastric ulcer and mucous colitis? It should be a boon.



which also refers to the individual church at Corinth. Paul's saying in I Cor. 6:19 might be adduced in some support of the popular delusive interpretation, but even this passage refers to Christians only and by no means to the physical body of human beings generally.

The extravagant radicalism of the authors begins to show itself on page 12, where they advocate the nakedness of the body, for "everybody would be healthier if his skin were not covered and the sun shone upon it and the pure fresh air (the thermometer registers zero while we write this) bathed it." They contradict themselves, however, on page 295, where they say: "If we did not wear warm clothes in the winter, the loss of heat would be so great that most of us would perish."

On page 19 we are told that a cell means "a sac" which is news to us. On page 40 they inveigh alike on tobacco, beer, whisky, tea and coffee, in moderation or excess is not told. Elsewhere they inveigh against wine, pork, and oysters. These items should suffice to indicate the unreliability of the teachings of this book and the inadvisability of putting it into the hands of our thinking, Christian children. We regret the extravagances of the authors which spoil what otherwise would be a very useful book.

✽

*The American Text-Book of Obstetrics.* Second edition, thoroughly revised and enlarged, in two volumes. Edited by Richard C. Norris, M. D.; Art Editor, Robert L. Dickinson, M. D. Two handsome imperial octavo volumes of about 600 pages each; nearly 600 text-illustrations, and 49 colored and half-tone

plates. Cloth, \$3.50 net; Sheep or Half Morocco, \$4.00 net, per volume.

We wonder whether the twelve authors and the two editors of these in every way full and excellent volumes, have ever profited by the obstetric science and practice of the profession in France, Germany, Austria, England and other centers of medical learning, such as Russia, Italy, etc.? What pertinence then, not to use the negative, to use the word "American" in naming such a work as this? To be sure there is not a foreign name among the authors in these volumes but have they gotten their learning from purely native American sources? A mere glance into the large lists of literature references will tell a different story. There may be, however, a justification for "American" on the score of our habit of judiciously gathering up the best and latest from all over the world and then presenting it to our physicians and students. But it is a fact, too, that foreign professional authors continually quote American authors as first sources.

Having thus relieved our medically cosmopolitan consciousness and conscience, we turn to the contents of the volumes, and are most pleasantly surprised at the all-sidedness and fullness of both text and illustrations. While the authors never leave out of sight the practical, they do not neglect the theoretical by which the why and wherefore is attempted to be answered to the inquiring mind. That the authors give us the latest and best, need hardly be told. And fortunate too for the whole work was the unstinted generosity of the publishers in the amount of illustrations, and they do illustrate. The work bids to become the standard on obstetrics for some time to come. Success to it.

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Dalton finds the acid dyscrasia the starting point for many affections of the skin. Keep the bowels open daily.—*N. Y. M. J.*

Toothache: Fill cavity with soda to neutralize acid; rub it on the gums or rinse the mouth with it.—*Brunton.*

# Condensed QUERIES Answered

## PLEASE NOTE.

While the editors make replies to these queries as they are able, they are very far from wishing to monopolize the stage, and would be pleased to hear from any reader who can furnish further and better information. Moreover, we would urge those seeking advice to report the results, whether good or bad. In all cases please give the number of the query when writing anything concerning it. Positively no attention paid to anonymous letters.

## ANSWERS TO QUERIES.

REPLIES TO QUERIES:—3387:—"Backache." Girl. Give small doses of carbolic acid, or oxalic acid gr. 1-500—1-100, frequently.

3406:—Emetin, smallest doses, frequently repeated.

3415:—Potassium carbonate gr. 1-1000—1-500 frequently repeated. Arsenic iodide is good for a recent case but not an old case like this. Examine for condylomata at the vaginal os. Is her desire for condiments excessive? If N. M. A. will write me direct I will offer some other suggestions.

3418:—Sodium sulphate in small doses, frequently repeated, regulating the diet as the editor suggests.

JOHN B. EDGAR, M. D.

El Paso, Texas.

✱

SUGGESTION FOR QUERY 3393:—Protan gr. x, every three hours, and a diet of hot skimmed milk. I have had excellent results with this.

✱ ✱ ✱ ✱ ✱

## QUERIES.

QUERY 3511:—"Diabetes." Father, 46, sallow, bowels regular, digestion good, appetite fair, sleep poor; irregular heart-action causing distress and choking, worse at night on lying down; heart misses beats irregularly, no valve lesion,

To QUERY 3415:—Add to your treatment ergotin gr. ss, ext. hamamelis gr. ij, ext. nux gr. 1-12, hydrastin resin gr. 1-16, in a capsule four times a day; also twice daily hot vaginal injections of salt water.

E. P. NORRIS, M. D.

New Castle, Pa.

✱

SUGGESTION ON QUERY:—If C. H. F. will take the granule of calomel and iodin, gr. 1-6 each, one hour before dinner, he will have a well-formed stool next morning, if there is no stricture. One granule two or three times a week is usually enough, but some cases require more.

J. BALL, M. D.

San Francisco, Cal.

✱

REPORT:—The boy with muscular atrophy is improving.

W. M. L., Arkansas.

urine s. g. 1025, no albumin, trace of sugar; ailing since July.

W. A. L., Oklahoma.

The trace of sugar in the urine is significant. I would advise berberine

for this man, gr. 1-6 before each meal and on going to bed, the bowels to be kept clean and aseptic; and the nutrition of the heart to be improved by arsenic iodide gr. 1-67 before each meal.—Ed.

✽

QUERY 3512:—"Dyspnea: Cardiac." Man, 60, has asthma with dropsy of legs, scrotum, etc. Appetite good, bowels regular, urine scanty and high colored, cannot sit down from feeling of suffocation, breathing laborious, face sometimes pale and anxious, then flushed, will be merry when diverted from condition.

E. G. F., Illinois.

Put this man upon an absolute dry diet, allowing but 12 ounces of fluid each twenty-four hours. Give him apocynin gr. 1-12 every two hours, increasing to two, three or four granules at each dose, until you get the full effect on the kidneys, bowels and heart.—Ed.

✽

QUERY 3513:—"Enteritis." Mother, 53, ailing two years, can take only liquids, tongue snuff-brown and tender, stools contain mucus, abdomen tender from right border of spleen to groin, nervous, complains of hard thumping in bowels at times and weak feeling around waist; on sulphocarbolates, silver oxide and salines.

W. T. J., Delaware.

Chronic enteritis, possibly ulceration, perhaps impaction. Add to your treatment colonic flushing with warm saline solution, or zinc sulphocarbolate one grain to the ounce.—Ed.

✽

QUERY 3514:—"Enuresis." Boy, 13, bed-wetting; have tried usual remedies, to no effect.

J. J. R., Missouri.

Examine the prepuce, and see if it is adherent or in any way abnormal. In-

ject a few drops of euarol into the prostatic urethra once or twice a week. Begin with atropine at noon and continue till full effect. Empty the bladder as late at night as possible, and as early in the morning. Do not let the boy sleep on his back.—Ed.

✽

QUERY 3515:—"Epilepsy." I see in the CLINIC verbenin highly commended for epilepsy. From what literature I have read I cannot see how verbenin has-tata or its active principle verbenin can benefit a case of idiopathic epilepsy. I do not understand the physiologic action of this verbenin. I have a case of epilepsy that I am very desirous of rendering as comfortable as drugs and medical skill can do. I have found nothing that equals the bromides, especially the potash salt, in controlling the paroxysms; but the intellect is affected injuriously when enough is used to prevent the fits. I have tried the Tilden company's iron hydrocyanate, to no purpose, but not their combined tablet of iron and henbane. I would like very much to learn the physiologic action and therapy of this verbenin, that I may combine it with advantage with the iron hydrocyanate, hyoscyamine, arsenic bromide, etc.; or if used singly to select the case for which it is best suited.

T. H. H., Ohio.

The position of verbenin is simply this: It is a popular remedy for epilepsy whose efficacy is vouched for by men of the best standing, but its physiologic action, application and uses have not yet been determined. It is in the hands of you gentlemen, to whom we look for information on this point. All we can do is to furnish the reports, which we have done. I would advise you not to combine verbenin with anything else until this is done; excepting the obvious and always applicable principles of regulating the diet, the diges-

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Cancer: Hoyten injected serum taken from cancers removed from other patients, with great benefit.—*Brit. Med. Jour.*

Haines regards iodoform as the best remedy for tuberculosis, an ideal iodide, easily liberating iodine.—*Med. Record.*

tion, the bowels, and searching for and removing sources of reflex irritation. If you do this, Doctor, there is room in the CLINIC for your reports.—ED.

✽

QUERY 3516:—"Filter." A patient wants a filter. He has a well 110 feet deep, the water tasting very "irony." What one would you recommend that will remove that taste?

A. P., South Dakota.

A filter will not extract anything which is in solution, and probably as good a one as can be used can be made extempore by loosely plugging the end of a funnel with absorbent cotton. You can get any filter you want by writing to Sharp & Smith of Chicago. It is easy to tell if iron is present in the water by adding a little tannic acid, which will blacken an iron water. Iron, however, is not specially injurious excepting to plethoric people.—ED.

✽

QUERY 3517:—"Indigestion." Man, 48, can work all night before breakfast, but after it cannot, for the "flopping" as he calls it, in the left hypochondrium, at edge of ribs, varying but little. Nothing wrong with heart or pulse-wave. Spells of weak pulse and dyspnea, choking about larynx, sweats and becomes very pale. Spells with the stomach, quickly bloating largely, always an hour after meals. If flopping is repeated once he has severe dyspnea. This causes a short cough with a little tough mucus, gelatinous. Some years' duration.

I. J. S., Iowa.

The difficulty in this man's case is in his stomach, almost certainly dilatation. Give him berberine gr. 1-6 every two hours. Let his diet be carefully arranged, the meals small, easily digested, thoroughly masticated, eaten dry, with

a single teacupful of hot drink at the end of each meal. Give three granules of diastase and three of papayotin at the beginning of each meal. Keep the bowels regular with anticonstipation granules. This will also tone up the heart a little, which is evidently somewhat weak, although not diseased.—ED.

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QUERY 3518:—"Paralysis: Diphtheritic." What would be the best treatment for a man, 45, had diphtheria two months ago, treated in city hospital, antitoxin, strychnine, iron, whisky, etc.; now paralyzed, getting worse; coming here for treatment.

E. S. B., Wisconsin.

Electricity, massage, strychnine valerianate to full effect, the bowels to be kept clear and aseptic. The great difficulty is not giving enough strychnine.—ED.

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QUERY 3519:—"Phthisis." Can you recommend a good location for a consumptive? I wish you would write to —, at —.

Also please recommend a work on electricity and electro-therapeutics.

G. B. J., Wisconsin.

In Dr. Waugh's book on Respiratory Diseases the question of climate for consumption is fully considered, and I would rather refer you to that book than attempt to treat so important a subject in the brief limits of a letter. I would write to your patient, but we do not do business with any but physicians, hence the order would have to come through you.

Probably you would find what you want best in Neiswanger's book on Electricity, just reviewed in the CLINIC.—ED.

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Beaver considers exophthalmic goiter a vasomotor paralysis, treated by driving blood from the head, by electricity.—*Med. Record.*

For further suggestions on these queries see the "Ad Index" in the advertising pages following.

QUERY 3520:—"Psoriasis." Farmer, 40, affected three years with skin disease, worst on palms, skin hypertrophied, non-elastic, cracked and fissured, dry, painful, no exudation; extends from wrist to hands, covering two-thirds of the surface. In splendid health otherwise.

H. M. M., South Dakota.

Apply to the affected skin absorbent cotton saturated with pure glycerin and cover with oiled silk or mittens, keeping on all night. Continue this until the skin is soft and pliable, the hypertrophy subsided. Then rub in a little red oxide of mercury, ten grains to the ounce of lanolin.—Ed.

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QUERY 3521:—"Boldine." What is boldine, its derivation, nature, and remedial action?

What are the composition and effects of sodium succinate?

C. A. W., Pennsylvania.

In THE ALKALOIDAL CLINIC for November, 1901, you will find an article on Boldine. In June, 1902, is one upon gallstones, which gives everything known on the subject of sodium succinate.—Ed.

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QUERY 3522:—"Catarrh." What will stop the excessive expectoration arising in the throat?

L. G. W., Kansas.

Apply menthol with a nebulizer. The mixture sent out with the Clinton answers well. Take internally hydrastin, or copaiba, myrrh or creosote, and calcium lactophosphate and sulphide, to dry up the redundant secretion.—Ed.

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QUERY 3523:—"Dyspepsia." I again ask advice for my exceedingly stubborn case of chronic or subacute gastro-enteri-

tis, or rather gastro-colitis, as the small intestines do not seem to be involved. Although she is in some ways better, she does not seem to make much solid gain. Temp. normal; pulse 70 to 80, full, regular, fairly strong and smooth; under strychnine gr. 1-30 every five hours and apocynin gr. 1-12 every two hours, except when asleep; kidneys active, and eliminating sufficient solids under the apocynin and plenty of water and buttermilk; skin soft, lively, under daily cool saline baths, with thorough general massage given fractionally, is also clearing up and the various eruptions passed away—they resulted, I believe from autointoxication. For this I gave two five-grain Intestinal Antiseptic tablets, and Echa-folta 10 drops every three hours during the day. The anemia is not nearly so bad—gave iron and arsenic for it. Nervous system steadier but still somewhat nervous; constant pains, sometimes severe, in stomach, bowels, back and head, often neuralgic in type; sleeps badly spite of sedatives, except opiates, which I have forbidden, as she has used morphine a good deal, but none for two months; for severe pain bismuth, and codeine gr. 1-4 every 24 hours; her tongue was beefy red with a small white and yellow eruption, mouth and throat tender, with thick mucous exudation and foul breath, but now is almost normal at times; appetite generally good, almost everything put in the stomach causes pain or uneasiness, sometimes nausea or vomiting; tender on pressure but tenderness not localized; no enlargement; have used daily lavage, salines, pepsin and careful feeding, with predigested foods; berberine seemed to draw the stomach into knots; one to three stools a day; very tenacious, almost membranous mucus, 2 to 4 ounces; with colicky pains and some nausea; only act from calomel and salines; suspecting specific disease I had her on iodoform gr. 1-5 six times a day, flushing colon with borated hot water every night, and followed it once with hot solution of silver nitrate gr. 10; could not receive it but promptly expelled what entered; has hemorrhoids, is

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Chlorosis: The essential treatment is rest, regulation of diet and bowels, and Blaud's pill.—Bramwell.

The physician who cannot treat chlorosis successfully with iron should abandon the practice of medicine.—Allbutt.



hysterical. This is only a part of her symptoms; in fact we will have to make a new woman of her.

O. H. W., Texas.

Most of your treatment has been so good that I would advise you to continue it. Your doses of berberine were too large. Continue it, but moderate the dose until it causes no uneasiness. Add silver oxide gr. 1-6 and copper arsenite gr. 1-250, given together every two hours while awake. After a week or two substitute a grain of zinc oxide for the silver. Your injection of silver nitrate was good but too strong. However, I think you will find benefit resulted from it. Wash the colon out once or twice a week with zinc sulphocarbolate solution, one grain to the ounce. To your excellent diet add freshly pressed fruit juices. You have done that woman so much good, Doctor, that you must not get discouraged but keep on.—ED.

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QUERY 3524:—"PicROTOXIN." What do you know about picrotoxin?

W. M. W., Mississippi.

Picrotoxin belongs to a group in which are placed pilocarpine, muscarine and partially physostigmine. It causes profuse sweating, increasing the gastric and intestinal juices, saliva, bile and pancreatic fluid. It raises the temperature. It has been prescribed with success in night-sweats, laryngeal tuberculosis; morphine, chloroform and chloral poisoning; chronic alcoholism with epilepsy or anemia, spinal and laryngeal paralysis, local and general choreas, hysteria, exophthalmos, bulbar paralysis, ataxia, tetanus, hydrophobia, senile tremor, shaking palsy, chronic myelitis, catarrhal jaundice, chronic diarrhea and dysentery. Dose, gr. 1-134 three times a day.—ED.

Chlorosis: For badly coated tongue and anorexia the gastro-intestinal tract must receive careful attention.—Bramwell.

QUERY 3525:—"Constipation." This case is typical of a class I meet, and have not been successful with. An infant, two months old, weak at birth, but has since grown nicely, always constipated and growing worse, scarcely responds to any treatment. I have used cascara, glycerin; a soap suppository does best. Has colic, cries all the time, may nurse too often to stop crying.

H. L. A., Nebraska.

In such infants I have sometimes given relief by passing the index finger into the rectum, thus dilating the sphincter. If the child is costive dissolve a granule of lobelin in a teaspoonful of water, and give from three drops upwards every two hours until effect; but if not, I would prefer to meet this difficulty by adding fat to the diet, in any available form, in increasing quantities until effect; bacon fat, sweet oil, or any other form advisable.—ED.

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QUERY 3526:—"Typho-malarial Fever." I am practising down among the swamps of southeast Missouri. I am up against an old liner. We neither have been successful in treating typho-malaria, my failure being due to lack of ammunition to rifle them out. I would try some of the active principles, but do not believe these old swamper could be induced to take them; they are so accustomed to quinine by the dram, and calomel by the spoonful.

What is nuclein used for?

J. F. W., Missouri.

In the typho-malaria I believe you would make a bull's eye every shot, if you would load your gun with intestinal antiseptics followed by the arsenates of iron, quinine and strychnine, and preceded by thorough unloading of the liver. I would recommend for the latter emetin gr. 1-6, the Eclectic hepatic tablets and calomel, either of these in full doses,

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For further suggestions on these queries see the "Ad Index" in the advertising pages following.

followed by saline laxatives, then rush in your intestinal antiseptics with Dosimetric Trinity for the fever, and having gotten the bowels clear and clean, keep them so.

Nuclein is a vital stimulant and should be added to whatever other treatment is indicated, as an antitoxin to increase the vital force and combat infection.

Your first order should be something as follows: Eclectic hepatic, emetin gr. 1-6, Dosimetric Trinity, iron, quinine and strychnine arsenates, Intestinal Antiseptics, glonoin and atropine and Saline Laxative. This will open the door for you to a new world in therapeutics on which you will never turn your back.—Ed.

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QUERY 3527:—"Echinacea." Kindly inform me as to the administration of echinacea, and its applications.

W. L. N., Pennsylvania.

In health echinacea appears to have no tangible effect. In all septic conditions it appears to have the effect of a systemic antiseptic. In snake bites, etc., a tablet gr. 1-2 should be given every half-hour. In less acute affections probably seven doses a day would suffice. But the drug is not yet out of the experimental stage, although its valuable properties have been attested by many competent observers.—Ed.

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QUERY 3528:—"Abdominal Pain." Clerk, 28, good habits, for two months has been awakening about 3 a. m. with severe pain across the abdomen, above the umbilicus. On rising and walking, or sitting up, the pain ceases and does not return till next morning. At times after eating there is a heavy feeling in the stomach, slight tenderness in epigastrium; no abdominal enlargement, tongue

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I have obtained greater credit from the treatment of severe and obstinate chlorosis than from any other disease.—Bramwell.

clean, appetite good, may be unnaturally strong, bowels always regular till pains began, since which they are sluggish, but evacuating them has no effect on the pain. Heart-sounds good but slight irregularity in action; smokes six cigars a day, drank four glasses of beer daily till pains began, since which he has been so situated that he cannot get it.

W. H. T., Indiana.

That man may have scybala encysted in the transverse colon, dilatation of the stomach, pericarditis, or affection of the pancreas, in the light given by your description. All I can advise is that the bowels should be flushed with Saline Laxative, then give copper arsenite gr. 1-100, juglandin gr. 1-6 and iodoform gr. 1-2, every two hours during the day. Carefully regulate his diet, stop the use of tobacco. This is all I could advise without a personal examination of the man.—Ed.

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QUERY 3529:—"Disinfectors." What is the best disinfecting apparatus now in use in hospitals? Is it still the formaldehyde generator? I have seen mention of an apparatus that could be placed outside a room and the vapor introduced through a tube in the keyhole.

C., Missouri.

For the purpose you mention I would prefer a formaldehyde generator, and this could be used as you suggest. The Schering generator is, like all of Schering's goods, perfect. You can obtain it from Schering & Glatz of New York City. Dr. Leininger's generator, made in Chicago, has also been very highly recommended indeed.—Ed.

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QUERY 3530:—"Diuretics." What do you do to stimulate the kidneys, in the way of alkaloidal remedies?

S. C., Iowa.

Earache: Saturate cotton with chloroform, place in paper funnel and blow the vapor into the ear.—*Courier of Med.*

Apocynin stimulates the kidneys, and is especially valuable in cardiac dropsy. Asparagin is useful as a direct stimulant to the secreting membrane of the kidneys. Veratrine increases both the solid and liquid constituents of the kidneys, relaxing vascular tension. Boldine increases the formation and excretion of the urea, through its action on the liver; and it with veratrine are best in cases of deficient solid-excretion; but if not well borne I prefer alnuin.—ED.

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QUERY 3531:—"Dreams." What can I do for a patient who is constantly dreaming?

H. C. C., Wisconsin.

People who dream much should not eat late suppers, or of solid food at all for their suppers. They should keep the bowels regular and see that the elimination by the kidneys is fully up to the standard. Let them also take two granules of avenine at bedtime, in a glass of hot water.—ED.

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QUERY 3532:—"Epilepsy." What would be the proper dose of verbenin for a child two years old, strong and robust? About every three weeks has one to three spasms a day for several days. Bromides relieve but do not cure. Child teething, and there seems to be a strong connection between the two.

R. S. B., Illinois.

I would advise the bowels to be carefully regulated as well as the diet, salt to be absolutely excluded from the food, and one granule of verbenin given at bedtime. If fits recur give another granule in the morning, and so increase if necessary until they cease. Also add from one to three granules daily of zinc valerianate gr. 1-6.—ED.

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Dysmenorrhea: Apply 20 per cent cocaine to nasal genital spots on anterior lower turbinate and tubercular septi.—Schiff.

QUERY 3533:—"Red Nose." Is there any cure for a red nose? I am an epileptic and have to take bromides continually.

F. W. P., Missouri.

For this I would advise arsenic bromide, a granule four times a day, the nose to be painted with chromic acid solution, beginning with five grains to the ounce and increasing to full toleration.—ED.

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QUERY 3534:—"Epilepsy." A young lady has epilepsy during the menstrual week. Please make suggestions.

W. H., Michigan.

In this case I would advise verbenin, with the saltless diet, during the intervals; but during the menstrual week keep the young lady on cicutine hydrobromate, gelseminine and anemonin, from one to three granules each every two hours, or enough to keep the convulsive tendency in check. The average dose would be a granule each every two hours, but I would not hesitate to increase this dose to three granules or more if necessary. In some women the convulsive tendencies are so great that very large doses are necessary at first.—ED.

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QUERY 3535:—"Rheumatism." If the tonsils are the route by which infection causing inflammatory rheumatism enters the system, why would not pharyngeal antiseptics be the valuable early treatment in this disease?

F. A. L., Montana.

I am confident that solution of salicylic acid applied to the tonsils of a rheumatic, whenever irritation is present, will prevent the outbreak. Whether the disease, once started, would be affected by

For further suggestions on these queries see the "Ad Index" in the advertising pages following.

that measure, is for you gentlemen to ascertain by trial and let us know.—Ed.

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QUERY 3536:—"Asmazyde." Do you know anything about a preparation known as Asmazyde, a liquid used as a spray in asthma? It is made in Boston, and gives some good results, at an extortionate price.

H. P. B., Illinois.

The preparation you mention has not been published in Oleson's book, or anywhere else within my knowledge. Most of the nostrums of this kind contain cocaine, some morphine, the rest menthol. It is very easy to test either of these. They are all bad, without exception.—Ed.

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QUERY 3527:—"Convulsions." My mother, 45, ailing two years; two very scanty menstruations in that time, every three weeks has an attack, each increasing in severity; vertigo, blindness, unconsciousness, eyes wide open, staring, lasts five minutes, followed by severe ache in back of head, neck and back; pulse 120, resp. slightly increased, but shallow; temporal veins greatly distended, repeated every 30 minutes and if not put under opiates she will have convulsions within two hours. Attacks last three days, passing off gradually, leaving her very weak and nervous. Urine always suppressed during attack, constipation always. In the intervals she is nervous, no appetite, hot flushes followed by profuse perspiration, headache and constant dread of impending calamity. Losing strength.

E. M. H., Tennessee.

Give your mother macrotin gr. 1-2 before each meal and at bedtime, and regulate her bowels with one or two granules of colchicine gr. 1-134 at bedtime and a dose of saline laxative in the morning.

The doctor who cannot relieve dysmenorrhea without the use of cocaine had better step out and give a real one the case.

Her diet must be carefully regulated to her needs. If she improves as I think she will, it is likely that nuclein will greatly assist her convalescence.—Ed.

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QUERY 3538:—"Erythema, Menstrual." Lady, 43, in May had torticollis, for three months, nearly cured by electricity and massage; in June seized with menorrhagia, about exhausted when finally checked by atropine (and it will do it if anything will). The bowels were very sore and a diffuse redness appeared over most of the abdomen, with burning, smarting and itching, resembling erysipelas, lasting about a week. This has reappeared several times, with each menstruation. Constipated, and the Antigranules will not help. The menstrual flow is slight, lasting three days.

W. A. T., Illinois.

The recurring erythema indicates an infection, and the constipation may indicate the source, but not necessarily. If the granules do not regulate the bowels there is a mechanical obstacle, which may be detected by examining the rectum. The womb may be displaced, obstructing the bowel, or the anal sphincter require dilation. The regulation of the bowels must precede all else in the treatment. Then see to the womb and correct any affection found, however slight. Meet the first sign of an erythema by a full dose of pilocarpine, enough to cause sweating. Try to break up the habit of the attacks by bringing her under the influence of strychnine arsenate just before it is expected.—Ed.

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QUERY 3539:—"Hot Air." What is your opinion of the Betz Hot-Air Apparatus as compared with others? I think

Tuberculosis: Urea fills many requirements; non-toxic, inhibits the bacillus; 20 to 100 grains a day.—*Brit. Med. Jour.*

of buying and want only the best. Is oil or gasoline the best fuel?

V. E. L., Kansas.

As to a comparative opinion of the Betz Hot-Air Apparatus, I cannot give you one, as I am not familiar with any other. However, I am familiar with the Betz apparatus, and say to you frankly that I believe it to be a good thing. It is a strong, well-made apparatus, competent to do the work demanded of it, and when properly handled in properly selected cases will accomplish with hot, dry air things that can be accomplished with nothing else as well.

I would advise the purchase of a gasoline outfit where gas is not obtainable, but where gas is obtainable it saves trouble to use it. I would not advise the oil burner. The prices you can obtain from the company. I am not familiar with them.—Ed.

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QUERY 3540:—"Mucous Colitis." A woman, four children, has mucous colitis, no diarrhea, for ten years treated for nervous dyspepsia. Is 34, stomach peptonized by all the doctors around, and now it is up to me, and it must be done by alkalometry. Weak, anemic, rapid pulse, nervous, cold hands and feet, sleeps poorly, terribly constipated, a little lactated food causes a heavy feeling, sometimes spasm of duodenum, tympanites, tenderness at times; enemas bring away shreds of mucus; emaciated, too weak to take exercise, heart beats rapidly on eating, no cardiac lesion.

A. H. E., Vermont.

Empty the bowels thoroughly with saline laxatives and colonic flushing; then give iodoform gr. 1-6 to sooth the irritated stomach and bowels, an intestinal antiseptic tablet to stop fermentation,

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In incipient coryza or in hoarseness, give calcium iodized gr. 1-3 every ten minutes till better.—R. J. S., Montana.

juglandin gr. 1-6 to promote a healthy secretion of the intestinal fluids, and berberine gr. 1-6 to contract the relaxed intestinal musculature; this dose to be taken every two hours while the patient is awake. Flush the colon once a day with silver nitrate one grain to each eight ounces; or if you can obtain it, substitute Collargolum, as this does not endanger bronzing of the skin and hence can be used with safety longer than the nitrate.

The diet should be carefully regulated and at first should consist of the raw white of egg and freshly pressed fruit juices, adding in succession raw oysters, raw beef, pickled meats, and such other foods as your judgment and experience with the case indicate.—Ed.

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QUERY 3541:—"Rheumatism." My wife has had inflammatory rheumatism for years. Can you recommend colchicine for that complaint?

F. B., Ohio.

In this case colchicine will do great good as an eliminant, and increase the efficacy of any other treatment employed; but you must stop the formation of acid in the stomach and bowels, hence I would advise colchicine enough to keep the bowels soluble, salicylic acid a grain every hour while awake, careful diet excluding meats and acids as rigidly as possible, forbidding cold drinks, and see that the food is thoroughly masticated. Give papayotin gr. 1-2 at the beginning of each meal. Dress in woolen underwear and stockings.—Ed.

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QUERY 3542:—"Urinary Ailments." I have several patients who continually apply for kidney remedies, saying the urine is scanty and burning. Tem-

For further suggestions on these queries see the "Ad Index" in the advertising pages following.



porary relief ensues from buchu, potassium acetate, or eupatorium.

C. M. A., Kansas.

It is possible there is something wrong with the drinking water and I would advise you to have it analyzed. In the meantime give small doses of rhus tox, three to seven times daily, with rather free drinking of water, as most likely to give relief.—Ed.

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QUERY 3543:—"Phthisis." I send you sputa for examination, from a case whose sputa you examined in September, 1901. He then began a specific treatment for tuberculosis, and seems in a fair way to recover. The last report five weeks ago said that there were very few tubercle bacilli present, micrococci tetragenes, streptococci pyogenes surrounded and overgrew the tubercle bacilli, indicating their origin from small deep cavities. The patient has not lost a day from his business since he commenced treatment.

G. R. N. Missouri.

The specimen contained staphylococci, streptococci, pneumococci, about as many tubercle bacilli as in July, 1901, but fewer pus cells.

Examination is practically the same as the last one made by us, but on the whole shows improvement. It is perfectly possible for these cases to get well. One needn't always die because he happens to have tubercle bacilli in his sputum. Encourage the patient to keep building up and to hang on to life courageously, and he probably will come out all right. Personally, I have had many that have done so. The up-building is the proper thing, and if I had to suggest for him, it would be to take a course of Sanguiferrin and nuclein, a tablespoon of Sanguiferrin and ten drops of nuclein after meals.

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In heroin and dionin the convulsant effects of morphine are increased at the expense of the sedative effect.—Marshall.

My congratulations to the patient, and my regards to your own good self.—Ed.

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QUERIES 3544-45: — "Renal Insufficiency." I mail you under separate cover a specimen of urine, and would like to know whether you would examine the same. Lady, 38, in bed six weeks, complains of pain in the back, headache, and severe pain in the legs along the posterior part, radiating from the groin and pelvis to the feet, with cold extremities. No swelling. Pain in the chest over the heart. Urinates quite frequently, with slight smarting. Appetite poor. Bowels quite regular.

"Over-eating." A girl, 10, gets a spell about every month, severe headache, temp. 102-104, vomits, pulse 130. The attack will last two to three days, and she will feel as good as can be. The doctor who attended the case diagnosed worms. No other symptoms visible.

G. V. W., Wisconsin.

Note that your patient's urine is very deficient in solids, in fact, she is not throwing off one-fourth what she should, and her digestion is away below par, as evidenced by the solids shown by microscopic examination.

Now, what to do for her: Give her arbutin gr. 1-6 every hour, with two-thirds of a glass of hot water. If the patient were mine, I would starve her twenty-four or forty-eight hours. Give this remedy as I have suggested and this amount of water, for the first twelve hours, adding one granule strychnine arsenate to every other dose; then give her all the cold water she would want to drink between this, and at intervals during the night, and continue the medicine next day every two hours. Under this treatment you will get good action of the kidneys, and with that she will get more

Petroleum is all eliminated, while cod-liver oil is absorbed and increases the absorption of other oils in the food.—Wells.

or less relief. Then begin to feed her very sparingly with thoroughly dry and toasted bread, a little baked apple or something of the kind, and have everything well salted. Keep up the medicine every two or three hours; in addition to the above give saline laxative every morning sufficient to move the bowels comfortably. This is for case number one.

Case number two eats too much. Put the child on three or four granules of Waugh's Laxative three times a day, and cut her eating right in two.—Ed.

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QUERY 3546:—"Book." I would like a good book on the effects of alcohol on the human system.

E. C. J., Iowa.

I would refer you for the effects of alcohol to a book just written by T. D. Crothers, of Hartford, Conn., who knows more about the subject than any other man in America. The book is published by W. B. Saunders, of Philadelphia. Price, \$2.00.—Ed.

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QUERY 3547:—"Myalgia." Male, 33, pain in the muscles of the back for one year, always worse in the morning just before getting up, gets so severe sometimes that he cannot lie but has to get up and walk, good appetite but symptoms of indigestion with morning diarrhea, three or four times a week; very restless during sleep; muscles tender, painful on pressure; tender over pit of stomach; urine, pulse and temp. normal. Had an attack of rheumatism last winter, family rheumatic. Would hot air be of benefit?

W. S. Y., Pennsylvania.

Treat this man for uricemia; vegetable diet, closely limiting the amount of food to his digestive capacity; salicylic

acid, a grain every hour to prevent fermentation in the stomach; with compound manganese tablets for the acidity if the salicylic acid be insufficient. Hot air would be a valuable adjunct.—Ed.

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QUERY 3548:—"Toxemia." Primipara, 27, just up from threatened miscarriage three weeks before, during which the right side became partially paralyzed in motion and sensation. Removed from city to country for climatic benefit, could recall no accident or anything likely to cause the paresis. Quite well during pregnancy, not even morning sickness, came suddenly; miscarriage threatened every 28 days till labor at full term. The palsy improved some, but grew worse after confinement. Extended to bladder and bowels, then improved and is now nearly well. Continuous fever of 1 to 2½ degrees, daily remission, sometimes two, in evening and early in night. Since confinement daily intermission, or two, periodic, with temp. subnormal one-half to one degree. The third week after confinement fever suddenly went to 104, for four days; then subsided. Several times she has had an eruption all over body, like roseola, coming suddenly, remaining four days, gradually fading, with much itching and burning, not like nettle-rash. No hereditary disease, cough, or night-sweats; little emaciation, no signs of lung ails, some constipation, tongue dirty white, appetite poor, no sick stomach, took food fairly well. Pale and sallow, not cachectic, urine red and scanty, no albumin or sugar, blood examination does not show malaria or give any light. Puerperal state did not influence her condition perceptibly, no labor complications, hard and protracted, recovered most satisfactorily, managed on most rigid antiseptics. A tumor appeared the size of a goose-egg at the appendicular region, tender, painful mostly, disappeared gradually after confinement. No evidence of vital disease, after diligent search.

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Cantharidin favors the passage of nutritive fluids and drugs through the capillaries.—Liebreich, *Brit. Med. Jour.*

For further suggestions on these queries see the "Ad Index" in the advertising pages following.

Benefited most by cholagoges, in very small doses; arsenates and nuclein did some good, Arsenaurol none, Fellows' hypophosphites benefited after a cold, no good from iron, sulphocarbolates seemed to benefit some at first, could take no stimulants, nerves sedated by bromides, but on the whole she has derived but little benefit from treatment. Condition but slightly changed since coming under treatment. What is the matter? What causes that fever? What will cure her?

J. M. C., Mississippi.

This woman's history denotes the invasion of her system by some micro-organism, but just what it is I am not prepared to say. An examination of her blood should show this. It does not seem to me to be malarial. Could it be autotoxemia from fecal absorption? Suppose you clear her bowels by colonic flushing, a morning dose of Saline Laxative, and keep them clear, disinfecting them with about forty grains of sulphocarbolate daily, or if it suits her case, by chlorine water, a sufficiency; building up her strength at the same time by about thirty minims of nuclein daily. This is all I feel clear in suggesting from the notes given. Could the enlargement have been due to appendicitis? If so, an examination by the rectum would probably reveal it. The fact that cholagoges helped her seems to show the autotoxemic hypothesis the more probable. If she has an eruption again I should surely give her enough pilocarpine to cause slight sweating. In flushing the colon add half to one grain of zinc sulphocarbolate to each ounce of fluid injected.—Ed.

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QUERY 3549:—"Tobacco Habit." What is the "Tobacco Specific" put up by the Rogers Drug and Chemical Co.

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Of drugs acting as purgatives hypodermically, Dixon prefers apocodeine gr. 3-8, acting in an hour without nausea.

of Cincinnati? They say one box generally and three always cure; but two failed to cure my son. The powders are tasteless. I wrote them that the two boxes did no good, and asked a third box to be paid for if it cured, but got no answer.

A. L. W., New Jersey.

I know nothing whatever of this treatment. The remedy is probably dependent on autosuggestion. Am quite sure that you would find berberine effective, giving gr. 1-6 every hour or two during the day until tonicity is established, then before meals.—Ed.

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QUERY 3550:—"Epilepsy." Minister's wife, epileptic some years, *petit mal*, usually in first sleep, result of overwork. Past menopause.

R. J. S., Montana.

Give the lady a diet containing but little nitrogen or salt, and add to the verbenin cicutine hydrobromate pushed to full effect.—Ed.

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QUERY 3551:—"Backache." Mother, 62, for two years dull ache in left back, 9th and 10th dorsals, three inches from vertebra and in diameter, no tenderness, no radiation, at first paroxysmal and worse on rising but for a year continuous, though worse at times; for some weeks diarrhea on rising; thin and anemic, uterine prolapse, aortic valves rough, otherwise healthy. Wears the Natural Body Brace with comfort. Urine normal; diagnosed as neurasthenia.

R., Rhode Island.

This pain may be due to gall-stones, in which case there will be bile in the urine; to myalgia, which will be shown by applying a strong faradic current to the muscles; to the aortic disease, when it will be relieved by strophanthin with arsenic iodide; or to gastric disease, which will be benefited by berberine a grain daily for three months.—Ed.

Apocodeine lowers blood pressure and increases peristalsis by sedating the sympathetic inhibitory ganglia.—Dixon.